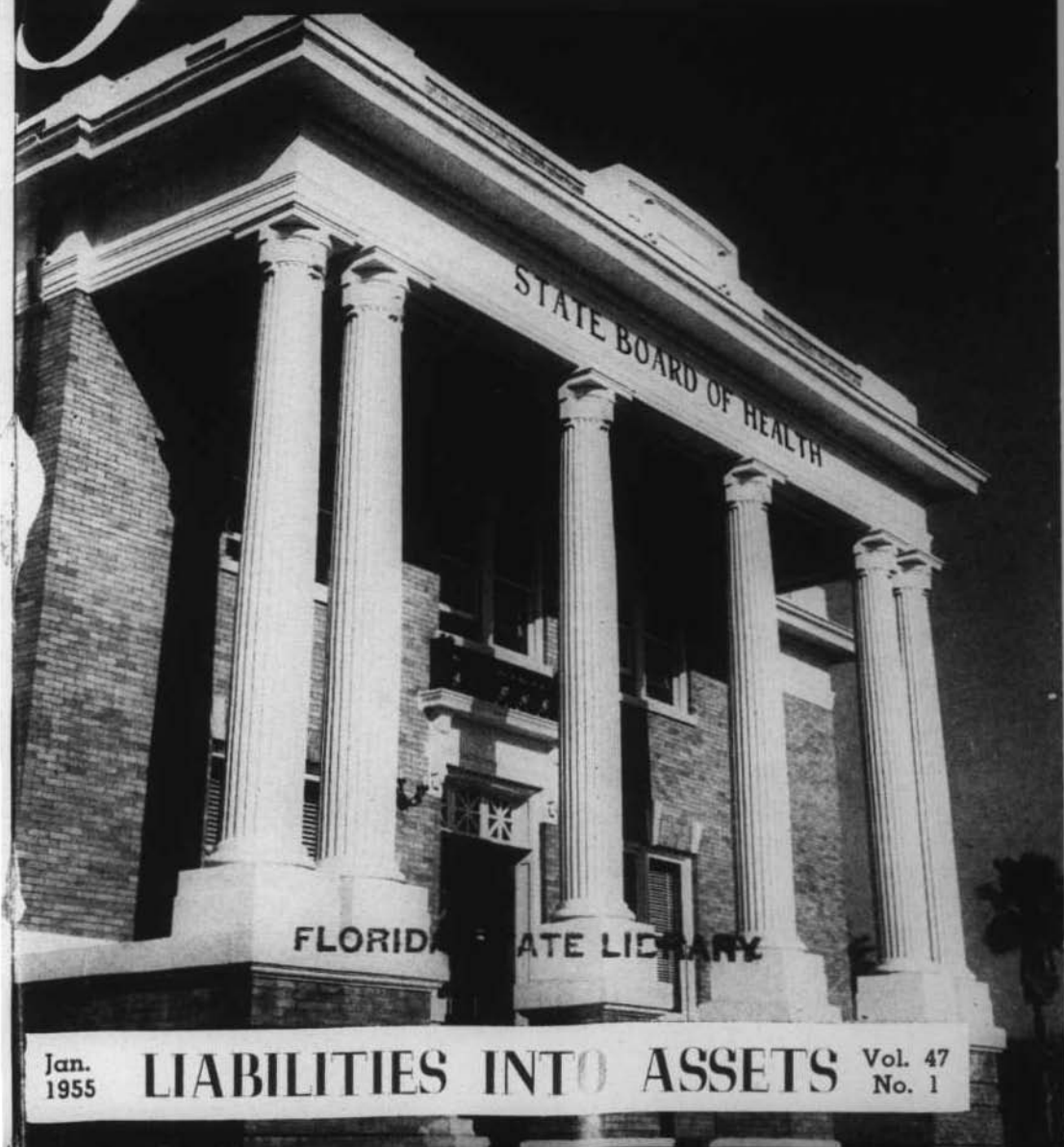


Florida

HEALTH NOTES



Jan.
1955

LIABILITIES INTO ASSETS

Vol. 47
No. 1



This dragline digging a canal is providing the necessary drainage to convert a useless, insect-breeding swamp into potentially useful land.

LIABILITIES INTO ASSETS

Did you ever stop to think that if it were not for public health activities Florida would not occupy her high place in the nation's economy that she does today?

In the early years of the State all citizens who could fled to northern climes while the mosquito season was on. Epidemics were difficult to detect and control because of the great length and breadth of the State. Investors were reluctant to place their money in an area where illness was prevalent; where malaria would often cause one day of illness for every seven worked.

To help make all men healthier is an admirable goal. But if in the doing liabilities have been turned into assets, then our goal has been twice reached.

The purpose of this issue of Health Notes is to discuss a few of Florida's geographical liabilities and how public health work is transforming them into economic assets of a major order.

GEOGRAPHICAL VIEW

Let's take a look at Florida, its land and waters.

Florida has been described by a sanitary engineer as a State semi-tropical in climate, 400 miles wide (Jacksonville to Pensacola), 550 miles long (Fernandina Beach to Key West), and 10 feet high.

While that "10 feet high" part of the definition is a slight exaggeration, there's enough truth in it to forestall too much argument. Much of Florida's coastal area is not more than 10 feet above sea level.

For many years it was thought that "Iron Mountain," near Lake Wales in the South Central part of the State, with an elevation of 325 feet, was the highest elevation in Florida. But recently a U.S. Geodetic Survey crew discovered a spot in northern Walton County, one-eighth mile south of the community of Lakewood, which towered above Iron Mountain by 20 feet. At the municipal airport in Jacksonville, approximately 18 miles from the ocean, the official height above sea level is 52 feet. In some areas of the city of Jacksonville the land area has been estimated to lie below the 10-foot level. Many of the State's other principal cities also have risen on similar low-lying land areas.

FLORIDA HEALTH NOTES

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WATER

Not only is Florida almost completely surrounded by salt water (the Atlantic Ocean and the Gulf of Mexico), but also it has uncounted billions of gallons of water roaming around beneath its often fruitfully-fertile acres. Rains, seeping through the sandy, porous soil, trickle through cracks in the underlying limestone strata, join underground streams which become rushing rivers of such strength and power that they create phenomena of nature such as Silver Springs, Weekiwachee Springs, Rainbow Springs and numerous other monstrous up-wellings of water forced to the surface by the hydraulic pressures of the underground rivers. In many places of the State, this abundance of water can be tapped by drilling only a relatively few feet into the limestone rock which holds it prisoner under pressure. The wells produce free-flowing artesian water, which is put to use for a multitude of purposes.

Such a volume of water—both of the salt and fresh water variety—solves and creates a number of problems for the State's citizens. The abundance of salt and fresh water easily available to fishermen, makes sport and commercial fishing an important source of income for the State. The easy availability of good water from underground lakes, streams and springs provides an abundant supply for drinking and other household uses, for irrigation of crops and for a growing number of industrial purposes. Citrus processing and wood pulp production, for instance, gobble water by the multi-billion gallons each year. It might be said that the bulk of Florida's prosperity, and its hope for growth in the future, are based upon water and the uses we make of it.

SOME QUESTIONS

The secret of success where water is concerned in Florida's present development and future growth can be expressed in two words: water control. How can we safeguard and preserve our natural water supply and reserves from man-made pollution and from salt water intrusion? How can we drain the salt water marshes which girdle Florida's coastline? How can we fill in and reclaim low-lying land surrounding our cities, towns and suburbs in many parts of the state?

At least a part of this problem has been tackled by the Florida State Board of Health through its work in environmental sanitation.

Clean water is essential to health. That has been the case since the beginning of man. Marshy areas, be they salt or fresh water, provide prolific breeding places for mosquitoes, both the "nuisance" and the disease-bearing varieties. It would be wise from a health standpoint to eliminate these marshes, a natural breeding ground for insects.

Thus it can be seen for a number of reasons Florida's public health program has a definite stake in water control. Although public health funds spent on environmental sanitation are aimed primarily at erasing public health hazards, many of these projects return a profit quite aside from their original health-preserving intent. By erasing mosquito and insect-breeding areas, by providing safeguards against pollution, public health funds are in a sense helping to convert liabilities into assets. Furthermore, and fortunately, some of the methods used in eliminating mosquito breeding and improper waste disposal results, lend themselves to the creation of new useful land areas—and without additional expense!

SOME ANSWERS

How can we attack these problems in water control through the environmental health program of the Florida State Board of Health? Here are some of the principal points:

1. Ditching, draining, filling or flooding (improunding) salt marshes to eliminate mosquito-breeding areas.
2. Encouraging the development of sanitary land-fill projects for a safe, sanitary garbage and trash disposal which can be used to fill low-lying areas and improve the economic value of land so used.
3. Development of more sewage treatment plants to safeguard water supplies from the potential disease-bearing human body wastes.
4. Improvement of treatment methods for water used as an essential part of manufacturing, food processing and other purposes to eliminate as far as is practical the pollution hazards from these practices.

Let's deal with the points in order. But before we get into the ditching, draining and flooding programs to eliminate salt-marsh breeding places, let's discuss the reasons for resorting to this expensive and necessarily long-range mosquito control method.

WHY NOT CHEMICALS?

The story lies in the failure of DDT and other types of sprays to accomplish this purpose. When it was first introduced a few years ago, DDT was looked upon as the "miracle" bug killer. It seemed to work like magic. It resulted in an enormous kill of mosquitoes, flies and other arthropods of public health and economic significance. But within a few years, entomologists were discouraged to learn that it was losing its effectiveness. The comparatively few mosquitoes which were able to survive its deadly clouds were breeding what was described as a swarm of "DDT-resistant" mosquitoes. In an effort to improve its effectiveness, the strength of the spray was increased by adding more DDT. It didn't work. Moreover, the stronger concentration was creating a hazard by killing insects—important to farmers and citrus growers for crop-pollination purposes.

So the State Board of Health Bureau of Entomology was forced to a hard decision. With the value of DDT spray over a long period definitely in doubt, the bureau and its associated mosquito control districts over the State realized they were going to have to return

Arthropod — A zoological term frequently used in referring to insects.

to the older methods of ditching, draining, filling and flooding in a program to "hit them where they live and breed" where mosquito control was concerned.

The consequences of such a decision were staggering. How could the State possibly drain all its salt marshes? One entomologist estimated it would take many years and 750 million dollars to accomplish the job. Was it economically feasible? Millions of acres were involved.

The entomologists stuck by their guns. They found support in the 1953 session of the Florida Legislature, which voted \$1,500,000

annually for two years to begin work on a program of permanent eliminative measures where the salt-marsh mosquito breeding areas were concerned. Of that sum, \$250,000 annually was ear-marked for the construction of an entomological field research center on Florida's lower East coast, near Vero Beach. Purpose of studies at the field research center, it was emphasized, is to determine methods for "killing the greatest number of mosquitoes in the shortest possible time at the lowest possible cost."

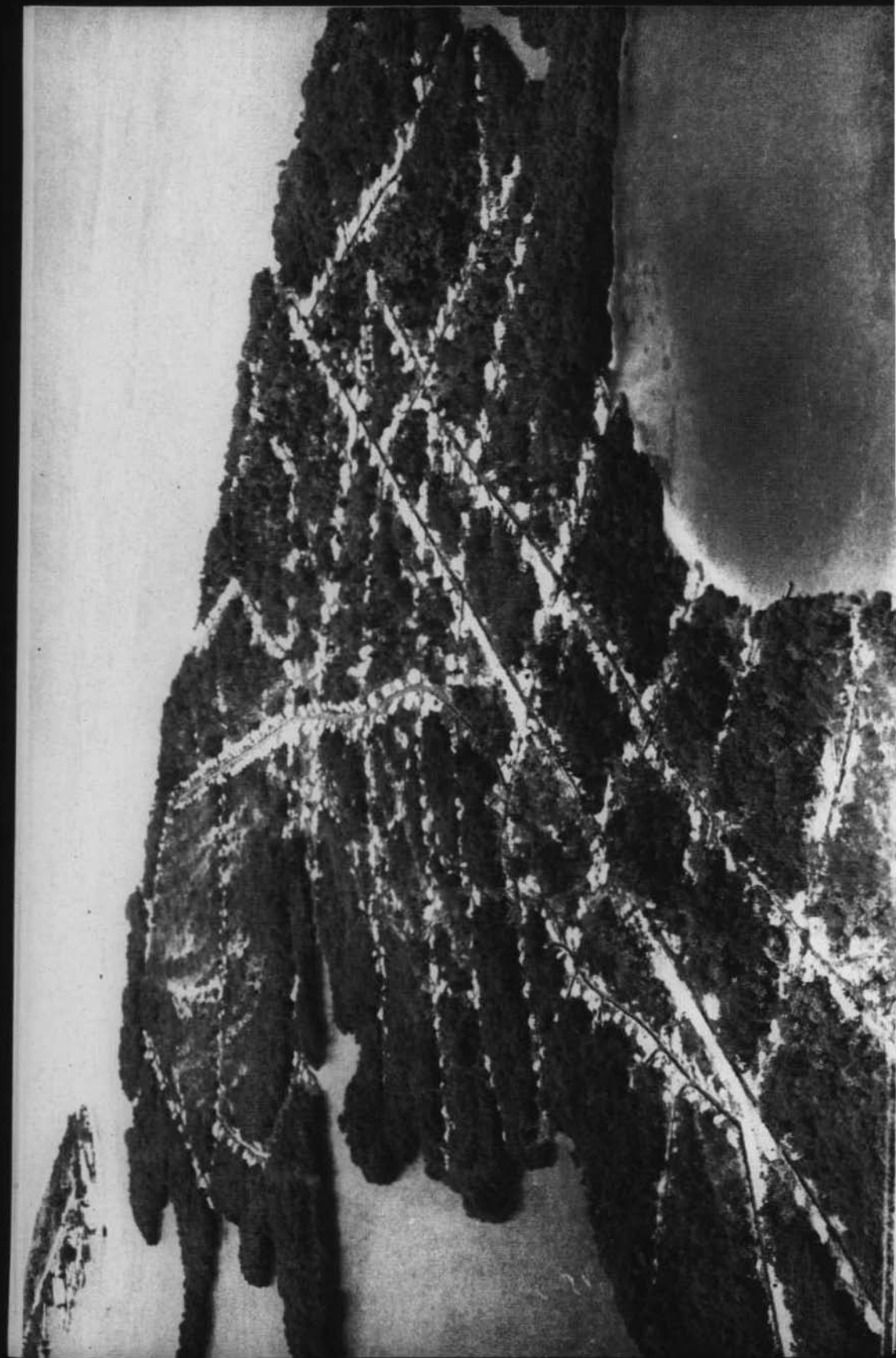
There was one important proviso laid down by the State Legislature in its program of permanent eliminative control measures. Each district would have to contribute a share of local funds to the project in each of the State's 24 mosquito control districts. The State, it was specified, would contribute 75 cents for every dollar raised at the local source, up to the limit of the \$1,250,000 annual appropriation.

Local funds were quickly subscribed. Plans were drafted for permanent eliminative mosquito control projects. Purchases of heavy equipment, such as dredges, draglines, bulldozers, trucks were made or planned. And work of hitting mosquitoes "where they live and breed" commenced.

Although all mosquito control districts, (and they girdle the Florida peninsula almost completely, except for a few isolated gaps), have the same fundamental problems where mosquito control is concerned, no two districts have the same problems in the same degree. Planning on the local level is designed to attack local problems in keeping with specific needs and the amount of money available.

But while all this activity was shaping up to attack the salt marsh mosquito breeding problem, what about spraying? It was decided that:

1. Spraying would have to be continued during a "transition period" until a program of permanent eliminative measures could have a measurable effect in reducing the mosquito and other arthropod population. This, it was figured, would take many months, and in some instances many years, depending upon the breeding area to be eliminated.
2. Insecticidal sprays should not have their effectiveness destroyed by too-constant use, but should be held "in reserve" as a "quick-kill" weapon in the event of an epidemic threat from mosquito-borne diseases, such as malaria and encephalitis.



MEANS

How would you dig a ditch or drainage canal through a salt marsh? Today, through the use of modern machinery, you have two ways it can be done. One is through the use of what is known as a "dragline," a machine which uses a boom and a bucket, operated by cable, to dig a channel. Another way is the employment of a water-borne dredge. If a ditch is what you need, a dragline may be best. If you need both a drainage canal AND material to fill in a low-lying area, a dredge might be more suitable. Dirt and mud sucked up by the dredge can be pumped right into the low-lying area to raise it above the surrounding water level. Thus the means can be determined by the needs.

Care must be used in disposing of earth reclaimed by ditching and dredging. Improperly spread, with depressions left in it, brackish pools can accumulate, nullifying the good work done.

Aside from destroying mosquito breeding areas, what are the "side effects" or economic benefits to be derived? Says one district director:

"We find that our growing system of ditches and canals is providing a breeding and hatching ground for more fish. Already we have increased sports fishing by 50 per cent in some areas. Baby shrimp find places to hide. Minnows help keep mosquitoes down by eating the mosquito larvae. That helps with mosquito control. By making it possible for minnows to get at mosquito larvae, especially at hatching time, we are helping to maintain nature's way of preserving a biological balance, utilizing a natural method to keep down the mosquito crop.

"Creation of new land as a result of our land-fill operations and draining also yields a profit. But I think that I ought to explain there that we are not in the land-building business, but in the mosquito control business. There is a difference."

In some portions of Florida's salt marshes, draining is not practical. In that case, arrangements can be made for permanently flooding these areas with a system of dikes or dams to hold the water on the land. For it is the ebb and flow of water, with wet land in some seasons, dry land in others, that can set up a mosquito-breeding situation.

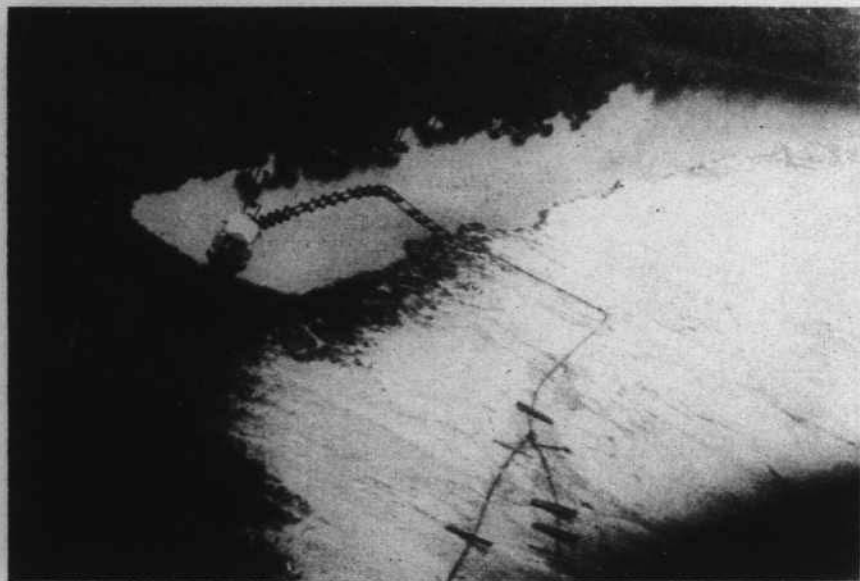
This system of water impoundments, in addition to helping control mosquito breeding, pays off another dividend—this time for migratory wildfowl. Ducks, particularly, find these impounded waters

good for spending the winter in Florida. This pleases duck hunters. By providing these havens for waterfowl, the State is adding to its income through the sale of hunting licenses and equipment. It also helps to maintain nature's environmental balance.

As we have said before, not all mosquito-control districts have the same problems in the same degree. But to give us some idea of what a mosquito control district director faces, let's visit the East Volusia Control District. There we find an estimated 15,000 acres of salt marsh suitable for permanent eliminative work. The director estimates it will take "six to ten years" to treat one-third of that acreage, and "with luck" perhaps the whole area can be made mosquito-free in about fifteen years.

But that is not all the job that remains to be done in Volusia County. The entire district embraces 586 square miles, nearly 400,000 acres in all. In addition to the salt marsh acreage, the district has an estimated 100,000 acres of fresh water marsh that breeds occasional swarms of mosquitoes.

"How long it will take and how much it will cost is hard to determine," says the director. "The best thing we can do is make a start and keep going in the hope that somehow, somewhere, we can get the money, means and men to carry it through to completion."



This water-borne dredge roots its way into a mangrove swamp and sucks up soil to fill in a mosquito-breeding area in Volusia County.

NEW LAND

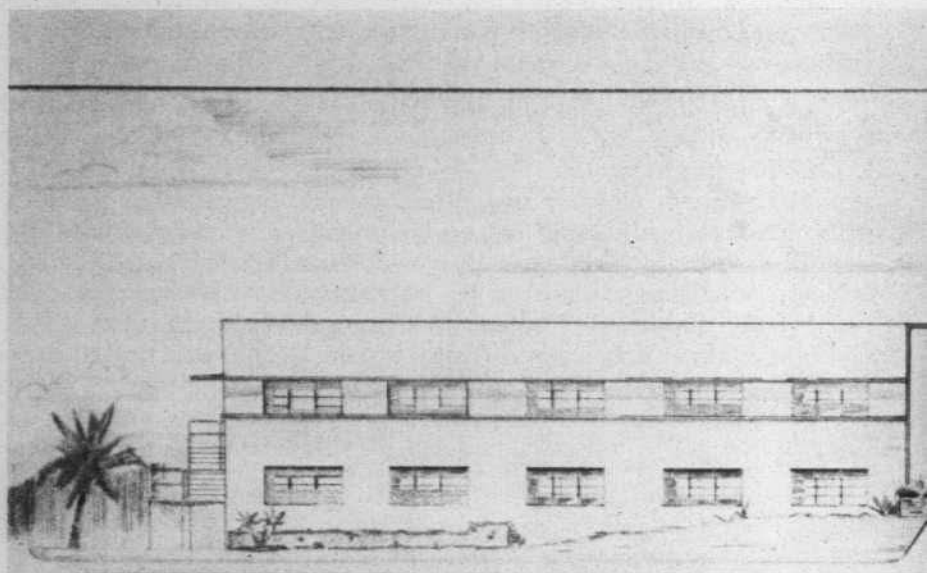
The principle of "made land" to remove mosquito breeding areas is not new in Florida. A notable example of such work is Miami Beach. Pioneers first sought to develop the island for the purpose of growing mangoes and avocados. They met with some success in raising those tropical fruits, but the island's mangrove swamps harbored what one writer has described as "billions of blood-thirsty mosquitoes," which made life a constant irritation and threat to health.

It was not until the second and third decades of the 20th century that determined efforts were made to clear the island and make it suitable for habitation. Then it was discovered that the mangroves could be topped, and dredges could be used to suck up sand from the adjoining bay, which in turn could be used for landfill purposes. Rock for roads was obtained from drainage canals, and muck soil was imported by barge from the Everglades. The muck soil "stabilized" the sand, keeping it from blowing away. Grass and shrubbery grew lushly. Miami Beach was transformed from what was termed a "mosquito hatchery deluxe" into a thriving residential area described as a place that "man, money and imagination made into a city of the Arabian Nights."

What has been done at Miami Beach has been done on a somewhat lesser scale elsewhere in Florida. At Jacksonville, a huge, multi-story building to house an insurance company and a large hospital occupies what was once a swampy spot in the downtown area. Earth was pumped from the nearby St. Johns River, serving the double purpose of deepening the channel and providing "made land" that made construction of the buildings feasible.

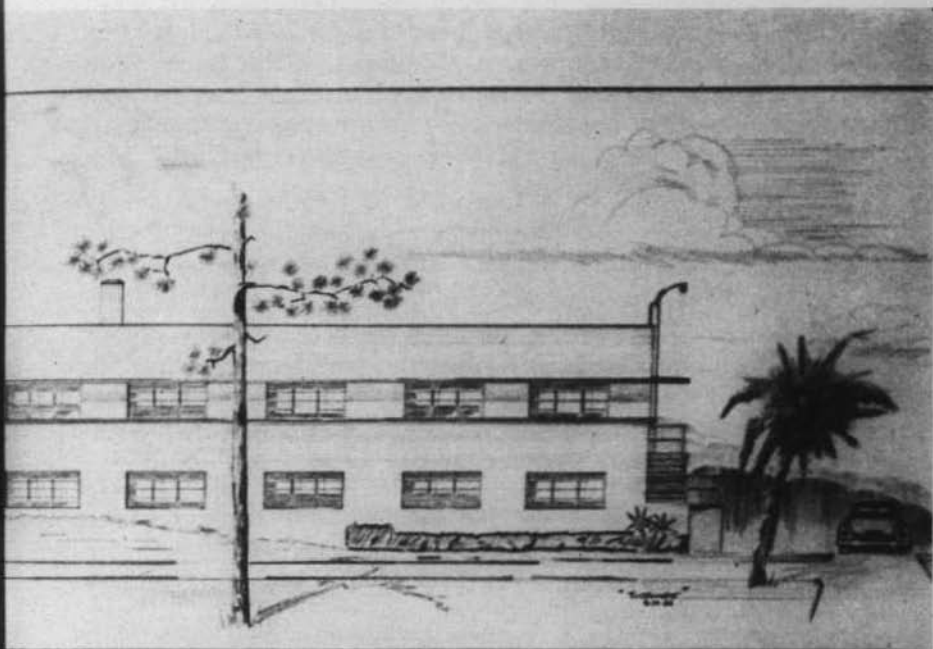
Such made land, it might be explained, is readily suitable for such purposes as playgrounds and recreation areas. After a short time has been allowed for such made land to "settle", it can be used for home-building and other light construction. It is possible to use it for heavier buildings through the use of piling reaching down to firmer ground or to bedrock if needed to give the necessary support. Many of Florida's tall buildings and heavy structures must of necessity "stand on stilts" in this fashion, since a firm foundation is seldom available immediately near the surface.

Some of the islands in the Florida Keys also have been transformed. On Marathon Key, for instance, a private real estate



• ENTOMOLOGICAL •
• FLORIDA STATE •

This new entomological research center (sketched above) insect-control program with the latest practical information insects. It is currently under construction in Indian River Co



ARCH · CENTER · OF · HEALTH ·

to go into service in the late Spring of 1955, providing Florida's
then the State's continuing battle against annoying and dangerous
Beach, and is considered the first facility of its kind in the nation.

developer has turned what once was "a desolate wilderness of mangrove swamp and coral rock" into a thriving development. The developer found that dredging drainage ditches supplied him with material to fill the low-lying areas bordering on the canals. The land, classified as "waterfront property" where it abutted on the canals, soared in value for building lots.

A similar use of the same idea occurred in Duval County near Jacksonville a few months ago. Land on which a new school had been built had a small swampy area. Members of the Dad's Club borrowed machinery, donated their time, cleared the acreage and went to work filling the low-lying area, eliminating another mosquito breeding area. They got rid of some snakes, too, and incidentally, increased the playground space.

GARBAGE

Garbage disposal is a vexing problem, not only for Florida's cities and towns, but also for its growing number of suburban developments which are spreading beyond municipal limits. Garbage and waste disposal can create public health problems, too. Garbage and trash dumps provide almost ideal breeding places for rats, flies, mosquitoes and other insects, all potential health hazards. Some municipalities operate incinerators. Residents find the smoke occasionally offensive, depending upon which way the wind is blowing on burning day. Other municipalities maintain garbage and trash dumps, which are burned over periodically. The stench from such blazes can be overpowering, especially if someone has dropped a load of discarded auto tires on the pile.

In recent years a growing number of Florida's cities and towns are turning to another method—sanitary landfill. And behind this solution to a public health problem lies some economic significance. Garbage, trash and other municipal waste products can be employed to create more made land. Here's how it can be done. Pick an area where the water table is so close to the surface that the land isn't suited for any particular purpose. Dig a hole with a bulldozer and fill it with assorted garbage and trash. Pack it down as flat as you can by running the bulldozer over the pile several times. Pile earth from the original hole on top of the compacted trash and garbage. Pack and bulldoze a smooth surface. Keep on doing it for a few months and watch the mound rise above

the surrounding area. Eventually that mound will add up to surprising acreage. As a matter of fact, a whole new subdivision has been built atop a sanitary landfill near Miami. Such landfills can be used as temporary play areas until the made land settles enough to bear the weight of light construction.

Sanitary landfill projects can be designed for the needs of big city or small town. There's only one difference—the bigger the project, the heavier equipment and more land area you need. The land need not be expensive. Submarginal acreage often doesn't cost much. And any municipality stands to make a profit off the improved value of the land after it is properly filled in and rolled flat.

Sanitary landfill operations may be conducted either by a governmental municipal agency, or by private garbage collectors working under supervision of county health departments to insure satisfactory disposal. Let's look at a sample of both:

Daytona Beach has a good example of the municipally-operated sanitary landfill method. It has been in service long enough to determine cost factors and to prove its merit as a satisfactory method for garbage and trash disposal.

The city of Daytona Beach in cooperation with the East Volusia County Mosquito Control District operates its projects as a part of the State's mosquito control program (more on that later), and gets part of its running expenses from that source. The city has acquired a tract of 200 acres near the Daytona Beach airport. A landfill project there, ranging in depth up to 12 feet, is redeeming that area for profitable use in the future. From 4,500 to 5,000 loads of garbage, trash and other refuse are dumped in the area each month and promptly covered over with earth by a heavy bulldozer. With that volume, made land is being created at a rate of six acres yearly. In less than a year that this particular landfill project has been in operation, it has "created" approximately five acres of serviceable land area, and destroyed forever a breeding area for rats and insects.

The project is designed to serve the Daytona Beach municipal collection service, but private operators collecting in suburban areas may dump their trucks there upon payment of a small fee to help cover operating costs.

"We're sold on the sanitary landfill method," says the director. "To burn garbage and trash when it can be used to create more useful land is just like burning money. Florida needs all the fill material it can get to build up its low-lying land areas."

Now for a look at a privately-operated landfill project. The city of Jacksonville has been using incinerators for a number of years. But outside the city limits, unsuitable garbage and trash disposal methods have been an eyesore—and growing peril—for the city's mushrooming suburban developments. Some of these approach the small-city size. Garbage and trash collections are handled by private collectors who charge a fee for this service. In past years these private operators have been using dumps. Burning off was sporadic. The county health department, noting the dumps provided a prolific breeding area for insects and rats, began putting pressure on these private operators. Early in 1954 a system of sanitary landfills was set up by the private operators under supervision of the Duval County Health Department. In one instance a private operator has made a heavy investment in equipment and allows other operators to use his landfill facility by payment of a small fee. Operators meet this cost by making a slightly higher charge for their collection service to customers in suburban areas.

Operators in Duval and other counties have been able to profit by the experience gained by the sanitary landfill methods in vogue at Gainesville, one of the pioneers in this method of garbage and trash disposal. The Gainesville project has created such widespread interest throughout the State that manufacturers of equipment used in the landfill process have staged exhibits and demonstrations there.

Sanitary landfills have been pushed in a joint effort by the State Board of Health Bureau of Sanitary Engineering and the Bureau of Entomology, but much of the State funds to help with these projects have been funnelled through the latter bureau in its insect and rat eradication program. Normally it takes a large volume of garbage and other municipal waste to spur the realization of need for a sanitary landfill project. But one of Florida's counties—Wakulla—is unique. It contains no cities, but it maintains seven small landfill operational sites to solve the garbage and trash disposal problem. Other counties using or developing the landfill method in addition to those mentioned above include:

Bay County, two projects serving Panama City and the nearby Panama City Beach area.

Escambia County, serving Pensacola.

Martin County, serving Stuart.

Monroe County, serving Key West.

Okaloosa County, three projects serving Niceville and Valparaiso, Crestview and Fort Walton Beach.

Polk Count, serving Lakeland and Winter Haven.

In addition, three other counties, Collier, St. Johns and Santa Rosa, have set up budgets to share in mosquito control funds to operate sanitary landfill projects for the principal city in each county.



This trash dump provides an ideal breeding place for millions of annoying and dangerous insects. It affords a good harborage for rats, too.



Within minutes this unsightly mess of trash and garbage will be safely underground, adding valuable fill to a low lying area.



A mosquito control district director points out how a sanitary land fill is being developed near Daytona Beach to provide "made land" in a swamp area of Volusia County.

The Florida law (Chapter 28131) authorizing use of state funds to assist with the operation of sanitary landfills (and other phases of arthropod control) states that "all funds released to districts or counties hereunder shall be used, under a plan or plans approved by both the State Board of Health and the district or county, exclusively for permanent eliminative measures, such as sanitary landfills, drainage, diking, filling, hiring personnel and payment for contracting for such work under competitive bids."

LOCAL OPTION

Although the State is prepared to encourage cities, districts and counties to participate in programs designed for control of mosquitoes and other arthropods of public health and economic significance, the action traditionally originates on the local level, since local government agencies must be prepared to share the cost. In a joint study on refuse collection and disposal for the small community (the problem affects the larger cities, too), the U. S.

Public Health Service and the American Public Works Association has this to say:

"Much more than technical know-how is involved in setting up a successful program of refuse sanitation in a small community. Before technical ability can be put to work, it is necessary for the community's citizens to understand the need for adequate and safe refuse disposal practices. Civic improvement in health and safety is seldom brought about by laws backed up by the police, but rather by the desire and cooperation of the citizen to make his community a safer and healthier place in which to live.

"Where there are obvious hazards such as rats and flies, or possible hazards such as open-dump areas used by children for play, public health workers must bring them to the attention of the community. When such hazards are substantiated by reliable data and experience, it is the rare individual who would not demand that they be eliminated. . . . In all cases . . . it is essential that the community be informed of how, what and why this is being done."

The report was speaking specifically of the value of sanitary landfill as a means for safe disposal of garbage and trash, but the principle applies to other phases of arthropod control. When mosquito control and garbage disposal are linked together, the community reaps a "hidden profit" in terms of comfort and safety, to say nothing of improved property values.

WATER

While the State Board of Health Bureau of Entomology is interested primarily in water control as it relates to its insect-breeding possibilities, the Bureau of Sanitary Engineering is concerned with other aspects. First, it is concerned with the purity of drinking water, for a variety of diseases can be transmitted through a public water supply. Second, the bureau is concerned with pollution resulting from human waste disposal, manufacturing, industrial and agricultural operations. Limitless as Florida's present water supply seems to be, sanitary engineers know that it is not inexhaustible, and are growing more concerned over the need for removing as much of the pollution factors as possible. For this "second hand" or used water fouls our streams, lakes and rivers, bringing death to marine life, an important part of the State's economy. Thus it can be seen that money spent ostensibly for public health purposes yields another "hidden dividend" of unexpected values important to the State's present progress and future development.

Life cannot exist without water. But polluted water from whatever source can be almost as bad as no water at all. The economic effect of water pollution in terms of domestic use, and on agriculture, industry, fishing and recreational uses is impossible to calculate. Sanitary engineers have warned that Florida must face up to its problems where water pollution is concerned or face the consequences.

Major problems in water pollution control include:

1. Sewage treatment.
2. Pollution resulting from mining, manufacturing, food processing, etc.

Florida, like many other states, is developing large urban populations. That increases the danger from human wastes. Fortunately, more and more of Florida's cities and towns are taking steps to develop satisfactory sewage treatment methods. Municipal sewage treatment plants are being built or expanded. Septic tanks, unsuitable for use in many Florida areas, are going out of style and are being replaced in suburban developments by sewage treatment facilities. More industries are working cooperatively with the State Board of Health to forestall pollution problems, and to erase such problems where they currently exist.

Florida has come a long way since that day nearly a century ago when John Randolph of Virginia, in a speech before the U. S. Congress, described this State as "a land of swamps, of quagmires, of frogs and alligators and mosquitoes." Yellow fever and malaria were common, reaching into almost every household.

Malaria and yellow fever are so rare today that just one case can cause a commotion. The alligators have been forced to retreat deep into the Everglades. Some of the swamps and quagmires we still have with us. But today we possess the knowledge to erase the swamps, to fill the quagmires, to control the biting insects, to safeguard the State's bountiful water supply. Public health has played a major role in converting this semi-tropical wilderness into a safe and comfortable land with a citizen life-span on a par, and in some instances better, than the national average. Its advantages have proved so attractive that it ranks today in third place among the states for population growth.

The big question facing us is this: Do we want to employ the men, means and the money to plan and prepare for the future?



This concrete-lined ditch is helping to convert low-lying land into a profitable pasture area by lowering the ground-water table.

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All counties in Florida have organized county health departments except
St. Johns County

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"The increased prosperity enjoyed by the State during the past two years, commencing immediately after the widespread epidemic (yellow fever) and general demoralization of all business, and almost every interest in 1888, has been largely due to the confidence inspired abroad by the creation of a State Board of Health, and the watchful activity displayed by it in all matters pertaining to the general health. The sum annually appropriated to this purpose, through taxation, is probably returned to the State Treasury many times in the investments made." . . .

(From the Annual Report of the State Health Officer,
Dr. Joseph Y. Porter, March 31, 1891)

Florida

HEALTH NOTES



Feb.
1955

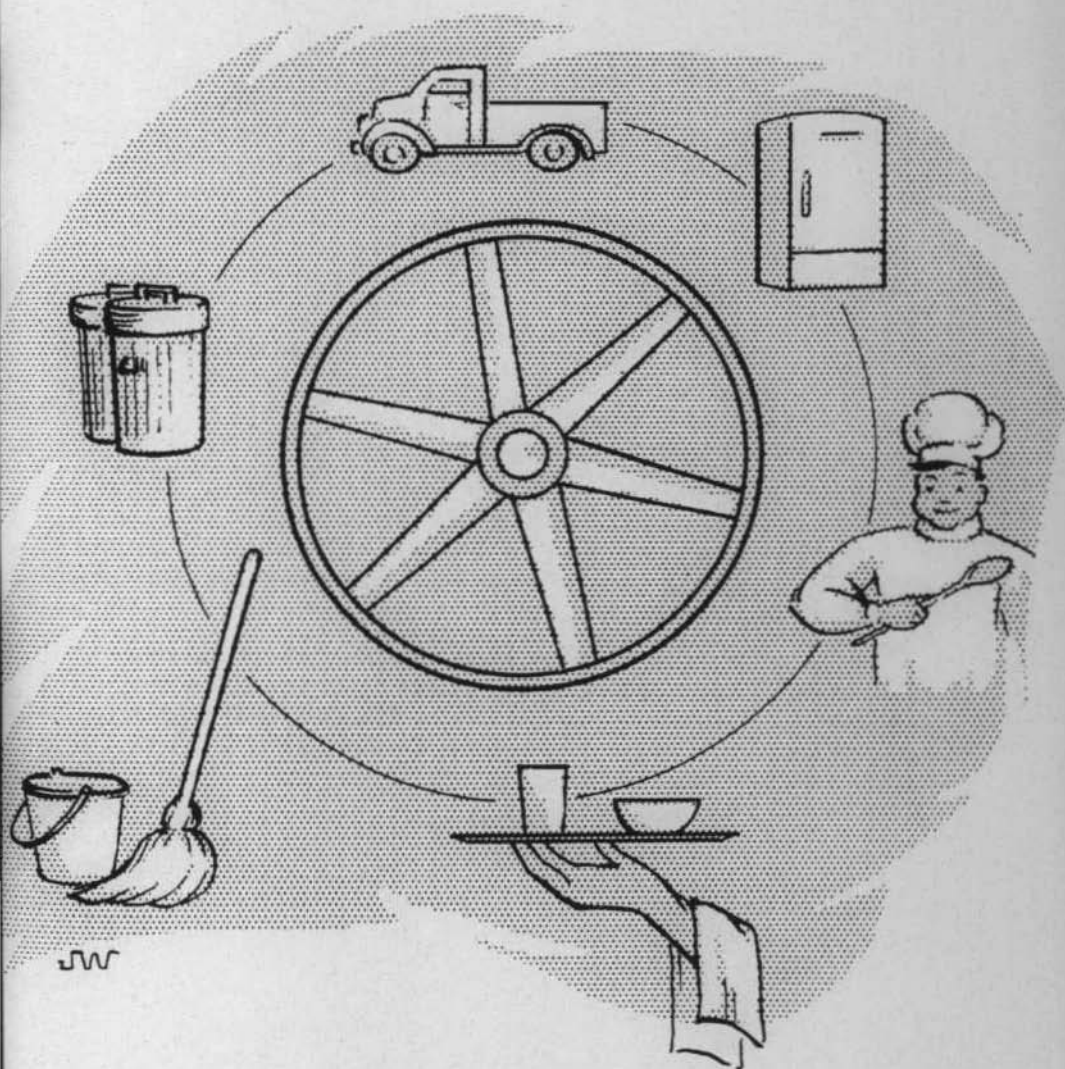
EATING OUT—SAFELY

Vol. 47
No. 2

DINING ROOM
ENTRANCE



Wheel of Hospitality



LET'S EAT OUT TONIGHT !

The Joneses are going out to dinner — to one of Florida's fine eating establishments. Like so many other residents of the Sunshine State, the Joneses are giving mother a holiday from the home kitchen and a chance to enjoy someone else's cooking. Everyone is anticipating a pleasant experience together in attractive surroundings.

By patronizing their favorite restaurant, the Jones family is helping to support one of Florida's biggest enterprises — the food service industry. Many of Florida's public eating establishments are clean, well run, and serve meals at reasonable prices. There are relatively few, fortunately, that do not — or will not — conform to good *sanitary practices*. But there are a great many of the State's food service operators and employees both in good places and fair-to-middling establishments who are not trained adequately in the technics of *safe service*. But let us look now at the restaurant in which the Joneses plan to have their meal.

What do the Joneses see as they enter this restaurant? Their first general impression is that they have come to a really clean place. The walls, ceiling and floor look spotless. The visible equipment sparkles. There are attractive and neat-appearing waitresses. A freshly laundered table cloth drapes the table and everything on the table shows that pains have been taken not to overlook cleanliness details. It does their hearts good, say Mr. and Mrs. Jones, to eat in a restaurant like this one because everything seems just right — it is plain to see that sanitation standards are properly applied and maintained here.

There is more to restaurant sanitation than meets the eyes of the Joneses. What people see when they eat out is usually the externals of food and beverage operation. Few consider that every restaurant has a heart — the kitchen — where a lot of work and sometimes a lot of people are needed to develop the kind of menu and the type of service that is offered. Behind the pleasant dining room atmosphere and the delicious food that is set before customers is a business organization piloted by an experienced and trained manager. There are required skills for feeding large numbers of people, and the protection of food and health. These things

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call for trained workers, so that the public may obtain safe food in a clean and satisfying environment.

Too, there is the equipment that is needed to do the job; ranges, meat blocks, and cutting boards; refrigerators, peelers and cubers; kettles, pressure-cookers, and cleavers; grinders, slicers and choppers. And these are not all the devices that are used in the practice of the culinary art.

Unseen but ever present is the vigilant attention that is given to the prevention of food-borne diseases. The alert operator is ever watchful to assure himself and his customers that his usual efficient service will not be marred by employees' careless working habits, because he realizes *that twenty-five of the known sixty-two communicable diseases may be associated with the dispensing of food and drink*. For this reason he supervises and instructs his personnel not alone in commercial techniques of service, but also in methods of safe food care and the application of sanitation principles to their work.

Florida's hospitality trades include more than thirteen thousand restaurants, and a multitude of taverns and miscellaneous establishments that cater to our rapidly-growing population. Behind the scenes of every food service operation are six major areas which are necessary to the conduct of a restaurant: (1) delivery; (2) storage; (3) preparation; (4) serving; (5) cleaning; (6) disposal.



DELIVERY

A safe source of food supply is very important to a good restaurant. Its name and reputation depend upon it. No matter what cooking devices or seasonings may be used, bad food cannot be disguised for long. In the interest of his customers, as a matter of ethical conduct and safety, the restaurant manager scrutinizes the food that is delivered to his door. He makes sure that the meat he has purchased is government inspected. He examines it for the official stamp. He looks for signs of meat spoilage: slimy to the touch, bad odor or discolored. (He also checks the weight of the food he buys because even fractions of pennies must be considered in running a restaurant — they have a bearing on how much you pay for a meal).

Insects may be brought into his establishment in the produce that he buys. For example, cockroaches may be hidden in corrugated cartons and bottle cases. Fruit and vegetables may harbor worms. The good restaurateur sees to it that food for his customers is not contaminated in this way.

The efficient manager is careful to look for signs of safety of various food items. He is aware that typhoid fever and other diseases can be transmitted in unpasteurized milk and he is ever conscious of the stringent health regulations that have been passed for the protection of this delicate yet wholesome food. He makes sure that milk he uses is pasteurized. Bulk milk is used only for cooking; customers who order milk have it served them in an individual half-pint container which is not opened before it reaches them.

Oyster deliveries are examined for State certificate numbers, because this means that they have been grown in safe waters, processed and packed under health department supervision. Canned goods also are watched because if individual cans are swollen at the ends, or if they spring a leak, it is evidence that the contents are probably spoiled.

He sees that meat that is brought into his establishment is properly wrapped and carried in cartons whenever possible. He does not approve of bare sides of beef, for example, being delivered to his restaurant. They should be wrapped in cheese-cloth; smaller cuts should be wrapped similarly or with paper. Frozen meats and other frozen foods should be transported in refrigerated vehicles.

Food must be protected properly at all times.



STORAGE

A safe source of food supply and the proper delivery and handling of food items mean very little if foods are not protected within the restaurant itself. This calls for suitable storage for different types of food. The average family like the Joneses do not realize that restaurant food storage may be very costly.

Customers may notice in the dining area of a good restaurant the care given to keeping displayed foods under cover made of glass or similar material. Pastries are usually displayed this way, but no perishable foods, like eclairs, cream puffs, cream-filled pies, should be so exhibited except in refrigerated display cases. Some restaurants use attractive food displays as a means of encouraging patronage. But behind these displays are storage spaces and storage equipment, which are necessary for holding food stocks for ready use.

Storage rooms for various food stuffs should be available in every restaurant. Shelves should be so constructed that an air space is provided between the wall and the shelf. Metal shelves are preferable. Shelving should be removable for easy cleaning. Canned foods should be stacked on shelves. Powdered food stuffs such as sugar, flour, oatmeal, sago, rice should be kept in metal bins or containers with tight fitting lids.

Vegetables, such as onions and potatoes, may be stored in bins. However, sacked and crated produce should be stored in crisscross stacks on raised platforms. Rooms used for dry storage should be well lighted and ventilated. Fans may be utilized to circulate air, since foods need air to maintain their freshness.

The restaurant's perishable foods require adequate refrigeration. A number of outbreaks of food-borne diseases have occurred in Florida due to poor refrigeration. Refrigeration prevents dangerous germ growth, preserves nutritive food values, maintains food flavors and saves money by protecting foods from spoilage.

The efficient restaurateur will provide sufficient refrigeration units to take care of the needs in his establishment. Several types of refrigeration systems may be used in a single restaurant, according to size and purpose of establishment.

Good refrigeration begins with a good unit that is not necessarily expensive. As long as it is well insulated and in good operating condition it should do the job.

Proper food storage protects your food investment.



PREPARATION

Many operators take time to familiarize their patrons with various aspects of the food service business as did the Joneses' host. This is known as good customer relations. But the real test of a restaurant's popularity is the prepared food itself. "The proof of the pudding is in the eating." Good food preparation begins with alert and trained workers.

The food that the Joneses were served was prepared by cooks and kitchen helpers who realized that their hands are instruments of food preparation, the same as the cuber or cleaver. So they washed them frequently and followed one strict rule: Handle food as little as possible; do not handle any foods unless you have to. Many food-borne disease outbreaks can be traced directly to careless and unclean hands. Care should therefore be taken not to permit the hands to become contaminated by touching soiled objects while working with food.

The good chef or cook never attempts to mix recipe items or prepare foods for cooking if he has sores on his hands or face. Skin eruptions are dangerous. The same germs that are found in some of these skin infections are what cause some types of food poisoning. The Joneses' restaurant operator made a daily check of each of his workers — he inspected their hands for sores as well as approving their general appearance. In fact, he checked the whole establishment, the tastiness of food, and the appearance of the personnel, before the doors were opened for business. He was sanitation and health conscious, as well as a money-maker.

The food the Joneses had set before them had been prepared with painstaking attention. The hot foods were really hot and the cold foods were served cold. The cooked foods were cooked thoroughly but not overcooked. The persons who prepared the meats and the seafoods followed the rigid rule that time and temperature are required to cook such foods properly. Thermometers were used and a time table adhered to. Heat is important in controlling harmful germ growth. Proper cooking kills most germs. The Joneses' restaurateur always provided his workers with the best food that money can buy, cared for it adequately and prepared it in a manner that would maintain its food values, flavor and texture.

Good food, well prepared = Satisfied customers.



SERVING

Foods that are well prepared and attractive may become unappetizing and even contaminated if they are not served in a safe manner. But the Joneses went to one of Florida's many fine eating establishments where cleanliness, politeness, and customer satisfaction are constant themes of its hospitality and service. They were attended by a courteous and friendly waitress who was attentive to their needs, offering suggestions and being helpful in every possible way. She was schooled in the art of meeting the public, and taught to serve her patrons safely.

Mindful of health hazards to herself and her customers, the careful and efficient waitress pays particular attention to her personal health and health habits. She visits her doctor and dentist regularly, as everyone should. She takes a daily bath and keeps her clothing clean. Her freshly laundered uniform is not worn as street dress. Make-up is used moderately. Jewelry is absent, because glass particles from watch crystals and stone settings may fall into food. Her finger nails are trimmed to the finger tips and are free of colored nail polish. (Polish hides dirt.) She wears well-fitting hose and low-heeled shoes. She holds herself erect.

Serving food properly takes a lot of know-how and alert attention. One slip-up and all kinds of things can happen — food contamination, accidents, disease spread, customer displeasure, loss of money to the waitress and the operator. In restaurants like the one that was patronized by the Joneses, good service habits are promoted and supervised. Silverware is always picked up by the handles when it is placed on the table and after it has been used. Glasses are carried by the bottoms and are never stacked one upon the other. Surfaces of eating utensils that have touched the mouths of customers are never touched by food workers. Butter, pastries, ice, are served with forks, tongs, or a special utensil manufactured for the purpose. Side towels are only used to handle hot dishes, and they are never substituted for hand towels or a cloth to wipe off tables. Fingers are kept out of food and they do not come in contact with surfaces upon which food is placed. Single service paper utensils are given the same attention as glass and china ware. Wrapped crackers, sugar, and straws are provided in many restaurants — this extra protection frequently is a money saver because it cuts down waste. Foods that have been set before patrons are never re-used and waitresses do not sample foods left on tables by patrons.

Safe, courteous service promotes patronage.



CLEANING

Special cleaning methods were consistently used in the restaurant the Joneses visited. That's why it sparkled with cleanliness. Every efficiently operated food service establishment allots a major portion of its time to the job of cleaning-up.

Cleaning requires an understanding of many different types of soil. The variety of foods that must be removed from food service equipment and utensils varies according to the type of establishment. The Jones' restaurateur knew that he had to concern himself with soil that remained after the immediate use of equipment; with thin films that result from ineffective cleaning or just plain water flushing; with deposits that may build up day by day on equipment if cleaning is not adequate. He also had to think about soil accumulations that are the result of drying action and frequently form a heavy, crusty deposit. And he had to face the problem of removing food soils that may be baked or burned on his equipment and utensils. His knowledge of these soils enabled him to select specific cleaning agents, and follow tested procedures. He was a firm believer in hot wash water. He provided proper brushes for each cleaning purpose and suitable water pressure for his dishwashing machine. Harsh abrasive cleaners and metal sponges were not permitted. These mar metal surfaces and cause scratches which provide lodging places for soil and recesses where germs can grow. Also, particles from metal sponges can splinter off and find their way into food. You can see that cleaning-up is not a hit and miss proposition.

Three steps are necessary: wash, rinse and sanitize — whether the items to be cleaned are dishes, silverware, pots and pans, equipment or the floor. (Sanitize means the killing of all harmful germs that can be found on these things.) But, to accomplish each cleaning task certain tools and procedures are needed. For example, if dishes are washed by hand, the water cannot be more than 125 degrees F., because that is about as hot as the hand can stand. Another example: equipment that is made up of parts should be disassembled and each piece should be cleaned separately before it is put together again.

Hot water (at a minimum temperature of 170° F.) and certain proven chemicals kill germs, so particular attention should be given utensils that are touched by the lips of customers. The dishes, glasses, cups, and silverware that were served the Joneses had been sanitized properly. They were free of germs that cause diseases like diphtheria, pneumonia, tuberculosis, and the common cold.

Proper cleaning methods advance efficiency.



DISPOSAL

One of the big problems of any food service operation is the question of food waste. It is important for a number of reasons. First of all, food costs money. Wasted food means that good money has been spent by someone, the operator or the customer, without due benefit of profit or satisfaction. Food waste may show a lack of adequate "portion control," which has a great bearing on operation expenses. When too generous portions are served, but not paid for, the operator loses money. When food is not eaten, it is wasted.

As a result of excessive food waste, a restaurant may have to use more hot water, which may be observed in the kitchen when dishes are scraped or soaked. That means increased utility bills. Additional garbage containers must be purchased to store the waste, which is added to equipment and cleaning costs. Work loads also increase, because extra time is needed to take care of the waste. And fractions of pennies and minutes are precious to the efficiently operated restaurant.

There was relatively little food waste in the restaurant in which the Joneses had their holiday meal. The management gave customers satisfying food at a fair price and yet at the same time did not permit a lot of food to be wasted unnecessarily. Menus were developed on the basis of knowledge and experience, and with appeal to customer's desires. Food portions were not too large or too small. The operator learned by his repeat business, and at his dishwashing unit, how acceptable his food was to his clientele.

Whatever food was not used by his patrons and the normal waste that collects from food preparation was in suitable garbage containers, which were made of durable metal. Each had a capacity of twenty gallons and tight-fitting lids. There were enough of them to take care of the amount of food waste this establishment had. They were cleaned regularly with hot water under pressure, a good detergent and brush, and turned upside down to drain and dry. The garbage cans were kept above the ground in a special rack built for the purpose, and the lids were kept on at all times. Whenever possible, garbage was wrapped in paper and the cans were never filled so full that the lids had to be used to squeeze the garbage into the cans. The garbage can storage area was sprayed at regular intervals to eliminate insects and rats.

The Joneses' restaurateur saw to it that his kitchen wastewater was discharged into an appropriate grease trap, which he had cleaned out about every other week. His plumbing was connected to the sewage treatment system provided by the city in which his restaurant was located.

Food is costly--don't waste it!

THE SANITARIAN VISITS

Everyone who eats out should be interested in the supervision that is given restaurants in Florida by local health department personnel. Sanitarians are health representatives who evaluate food service operations from a health and sanitation standpoint, in addition to their many other duties.

County health department sanitarians and inspectors from the Florida Hotel and Restaurant Commission visit restaurants, (and other types of food service establishments) to advise operators, to determine their sanitation efficiency and their compliance with health regulations. They are not inspectors or policemen. With special training in the sanitary sciences, and with a knowledge and an experience of food service health hazards, they are in a position to guide and assist restaurant managers and personnel in their health protection responsibilities to the people of Florida. Their principal task is one of investigation and education. They give good health reasons why corrections should be made. Restaurant operators struggle frequently with problems concerned with health and sanitation. The sanitarians are available to aid them in their search for a solution.

The restaurant the Joneses enjoyed had a well organized sanitation program. Cleaning was planned. Health principles were applied consistently. The policy was to thoroughly understand management's sanitation responsibilities and follow through by adhering to health regulations. The operator always cooperated with health authorities and carried on an ambitious campaign of self-improvement. Employee relationships were excellent. Nevertheless, the Joneses' restaurant was visited regularly by the county sanitarian, the same as all others in his area.

Whenever the sanitarian made his calls he had with him certain tools to assist him in his evaluation. For example: a flash light to judge the cleanliness of hard-to-get-at places; test kits to determine the strength of chemical cleaning solutions; a thermometer to tell him the temperature of water, and whether refrigerators were kept at or below the required degree of coldness. When the sanitarian entered the restaurant, he immediately asked to see the manager and explained the reason for his visit. He invited the operator to make a tour of inspection with him, so he could point out needed improvements and explain how they might be accomplished. He gave the operator an opportunity to ask questions. The sanitarian examined such items as can openers; meat blocks; hoods over ranges; areas under, over, and around equipment; the

Sources

Inspection Form for

Type of establishment

Milk

Eating and Drinking Establishments

Number served

Cream

daily

Ice Cream

Any kitchen maintained elsewhere?

Shellfish

(City, county, or district)

(Authority Section X, Chapter 19366, General Laws of Florida, 1939)
(As Amended by Florida Statutes, 1941)

Name

Location

Owner

Address

Manager

Address

SIR: An inspection of your premises has this day been made, and you are notified of the defects marked below with a cross (x). Violation of the same item on two successive inspections requires immediate degrading or suspension of permit. All menu cards or boards shall display grade.

Item No.

Item No.

- (1) Floors.—Easily cleanable construction, smooth, good repair (); clean (); cleaned only after closing or between meals (); by dustless methods () (B)
- (2) Walls and ceilings.—All: clean, good repair (); kitchen: light color (), walls smooth, washable to level of splash () (B)
- (3) Doors and windows.—Outer openings with effective screens and outward-opening, self-closing doors, or fly-repellent fans, or flies absent (C)
- (4) Lighting.—Natural or artificial light equivalent to 10 foot-candles on working surfaces (except in dining room), 4 in storage rooms (B)
- (5) Ventilation.—All rooms well ventilated reasonably free of odors and condensation (B)
- (6) Toilet facilities.—Comply with plumbing code (); adequate, conveniently located for employees (); good repair, clean, no flies (); well lighted, outside ventilation (); in new establishments, no direct opening (); self-closing doors (); washing sign for employees (); privies, if used, comply State standards () (C)
- (7) Water supply.—Running water accessible as required (); supply adequate (); safe, complies State standards () (C)
- (8) Lavatory facilities.—Adequate, convenient (); hot and cold running water (); soap (); approved sanitary towels (); hands washed after toilet () (C)
- (9) Construction of utensils and equipment.—Easily cleanable construction, no corrosion (); good repair, no open seams, no chipped or cracked dishes (); no cadmium or lead utensils () (C)
- (10a) Cleaning of equipment and utensils.—Clean cases, counters, shelves, tables, meat blocks, refrigerators, stoves, hoods (); clean cloths used by employees (); single-service cups, plates, straws, caps used only once (); utensils used for the preparation of food, eating, and drinking cleaned after each use (); other utensils cleaned each day (); suitable detergent used (); no cyanide or other poisonous compounds () (C)
- (10b) Bactericidal treatment of eating and cooking utensils.—Approved bactericidal treatment after cleaning: Immersed 2 minutes in 170° F. water, or one-half minute in boiling water, or 2 minutes in more than 50 parts per million chlorine rinse; or kept in steam cabinet 15 minutes at 170° F. or 5 minutes at 200° F.; or in hot-air cabinet 20 minutes at 180° F. (); cabinets have thermometer in cold zone (); large utensils adequately treated with live steam, boiling water, or chlorine spray or swab (); dish-washing machine properly operated (). Utensils comply bacterial standards (); drying cloths, if used, kept clean and used for no other purpose () (C)

- (11) Storage and handling of utensils.—Stored above floor in clean place protected from flies, splash dust, etc., inverted or covered when practicable (); no handling of contact surfaces (); single-service cups, straws, etc., purchased in sanitary cartons, kept in clean dry place, and properly handled (); dispensing spoons, dippers kept in hot or running water () (C)
- (12) Disposal of wastes.—Liquid wastes into public sewer or as approved by State (); no connection or back-siphonage into water supply, washing machines, or sinks (); garbage stored in tight, nonabsorbent, washable receptacles, covered pending removal (); removed frequently and receptacles washed to prevent nuisance () (C)
- (13) Refrigeration.—Readily perishable foods (including cream-filled pastry, meats, milk etc.—see Code) stored at 50° F. or less (); ice stored and handled in approved manner (); drip enters open trapped drain or pan () (C)
- (14) Wholesomeness of food and drink.—Wholesome, unadulterated, clean, no spoilage, prepared so safe for human consumption (); cream-filled pastry rebaked unless filling adequately cooked, and promptly cooled (); milk, fluid milk products, frozen desserts from approved sources (); milk etc., served in original bottles or from approved bulk dispenser (); shellfish from approved sources (); shucked shellfish kept in original containers () (C)
- (15) Storage, display, and serving of food and drink.—No contamination by overhead leakage or submerging (); not on floors subject to flooding from sewage backflow (); minimum manual contact with food and drink (); no open displays (); no animals or fowls (); structure rat-proofed (); flies, roaches, and rats under control (); no uncolored poisonous insecticides or rat poisons () (C)
- (16) Cleanliness of employees.—Clean outer garments, used for no other purpose (); clean hands and fingernails (); no spitting, no tobacco used where food prepared (); no evidence of communicable diseases or running sores on face and hands of persons preparing or handling food () (C)
- (17) Miscellaneous.—Premises kept neat and clean (); no operations in living or sleeping rooms (); clean, adequate lockers for employees' clothing, not in kitchen (); soiled linens, coats, aprons kept in containers () (B)
- (18) Health certificates.—The employer to be in possession of health certificates for each employee in compliance with the requirements of the Florida State Sanitary Code, Chapter IX.

Remarks or instructions given

Copy of inspection report received by

Date of inspection

Sanitarian

Florida State Board of Health

San-413

walls, ceilings and floors; screens on windows and doors; rest rooms; dishwashing procedures and methods of sanitizing utensils; refrigeration; storage of food and utensils, plus many other things. He paid particular attention to equipment and surfaces that come in contact with food.

It takes the cooperation of everyone to serve people safely.



FLORIDA'S SPECIAL PROBLEMS

It has been said that one-third of Florida's income is derived from the hospitality trades. The restaurant industry is among them, and it is big business, which is keeping pace with the growth and development of our State. Approximately five million out-of-state visitors each year add an estimated \$900,000,000 to Florida's income. Also, each month brings Florida approximately 15,000 new citizens.

With this growth in the number of new restaurants, comes the problem of adequately supervising their sanitation efficiency, together with that of existing restaurants, with the same number of health department personnel to do this bigger job. This means that an additional load is placed upon the county health departments. It means that less time can be devoted to individual establishments and how they comply with sanitation standards and health practices. The result is that the services of sanitarians and others are spread more thinly. And the public, like the Joneses, will be the ones to suffer.

Another big problem that bothers the restaurant industry and health agencies is the fact that approximately 65 per cent of the restaurants in Florida change hands at the end of one year's operation. The State's increasing population, the demand for more food service establishments, and the desire of new citizens who are inexperienced to enter this type of business, have been responsible in part for the turnover problem. In turn, this condition complicates the task of maintaining sanitation standards. Official agencies strive to improve food service establishments through education and consultation. All too often, however, when they are in the process of working out improvements, ownership or management may change and they are confronted with new untrained operators. And so — they have to start the process all over again.

The employee turnover creates problems, too, for operators. They depend on employees to apply safe practices and contribute to the maintenance of sanitation standards. But when untrained and shifting personnel (they come to Florida for the winter too) are hired, their lack of know-how and careless habits cause inefficiency, which means sanitary food handling suffers, and food-borne disease sometimes may result.

The restaurant operator who keeps his employees with him for a number of years can be complimented. He is the type of operator who elicits confidence, supervises well and provides good working conditions and suitable compensation, and has been fortunate in engaging devoted and trained personnel, who know their duties, have pride in their work and have made a career out of their position in the food service business.

Health and hospitality are keystones of Florida's future.

WHAT YOU AS A CITIZEN CAN DO TO HELP

Like the Joneses, you appreciate nice restaurants and service from qualified people. The responsibility of keeping restaurants clean and protecting the health of their patrons is an enormous task for the industry, and official agencies. But in the final analysis, what people want is what they get. The test of a restaurant's hospitality and popularity is how well its food pleases the customers. If they are satisfied with insanitary practices, or if they demand the best — they'll get what they want.

Florida's citizens deserve the best possible food service and this is what you do to help.

1. Try to learn something about the food service business and some of its problems. It exists for you.
2. When you see things that may be improved, bring them to the attention of the management in a friendly and helpful manner. Many of the better restaurants invite this comment. If you have been displeased for any reason, be considerate in your requests for better service. Sometimes the person attending you may not be the responsible party.
3. Take an interest in the work of your county health department. Public spirited people can assist it in the attainment of sanitation goals.
4. Remember that many things have to be known and practiced by food service personnel in order to prepare and serve food properly. *Training is essential.* Safe habits should be second nature to food workers. They should be trained before they start. So, seek and support a permanent Food Handlers Training Program for your community or county.
5. If you are a member of a service organization, encourage interest in and support food service groups, and official agencies (county health departments, Florida State Board of Health, State Hotel and Restaurant Commission) that are trying to elevate the standards of food service sanitation. This will assist in educating the public to look for good service.
6. The food service operator is in a strategic place to contribute to the health and welfare of the community by the service he renders. Do not neglect to consider them when planning community improvements.

*Safe, attractive eating places, serving good food,
build community pride.*

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THE FRAGILE (?) MALE

On December 12, 1952, the Washington, D.C. Post printed the following article:

VANITIES OF 1952

Male Fragility Probe Tabled

Call for Research On Men Called Gag

The all-male Association of State and Territorial Health Officers yesterday privately tabled a resolution urging Nation-wide research on the "fragility" of males.

The resolution proposed all-out research to find out why members of the so-called weaker sex are born stronger and live longer than males.

"It was only a gag, something funny to liven up the session," an association spokesman said.

"It wasn't supposed to be funny; it was dead serious," said its proponent, Dr. W. T. Sowder, Florida State Health Officer, who authored it and introduced it in the closed executive session.

The female of the species appears to be born stronger and more durable, and the male of the species weaker and more fragile," the resolution stated.

Funny or otherwise, it was officially "tabled in the private archives of the association," according to the organization's secretary, Dr. John D. Porterfield, Ohio Director of Health.

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WHAT IS WRONG
WITH THIS PICTURE ?

The truth of the matter was that Dr. Sowder had to leave the meeting early and did not get a chance to explain his resolution in detail. Later correspondence revealed many other interested State Health Officers. Since then Dr. Sowder, Florida's State Health Officer, has received numerous requests to address groups on this subject, invited to prepare articles for various types of publications on the problem of "male fragility," received numerous letters from lay and professional persons commending his interest and recommending research into the causes of early male deaths, and his subject has been publicized widely in the nation's press. An editorial in a recent issue of the Journal of the American Medical Association commented on Dr. Sowder's latest article and heartily endorsed his ideas.

Therefore, *Health Notes* has gathered together information from Dr. Sowder's writings on this subject (together with certain unpublished material) and tables compiled by our Bureau of Vital Statistics, to present to the readers of FLORIDA HEALTH NOTES some startling and grave facts about the health of our men.

* * * * *



This unbalanced proportion of men to women is too often seen in doctors' offices.

The theme of this issue of *Health Notes* is that although the female of the species is stronger and more durable and the male weaker and more fragile — the difference is becoming more striking — and something ought to be done about it.

Since the dawn of history and probably long before that men have strutted during the brief stages of their lives, flexing their muscles, and deluding themselves with the fond belief that they are the superior sex in every way. There has been no abatement of this belief in our many millenniums of experience, not even in these modern times with all its educational advantages, and not even when during the past fifty years the physical superiority which women have always possessed has become progressively greater.

* * * * *

In 1920, the death rate among white males in Florida was 14 per cent higher than the rate for white females.

In 1930, the death rate among white males in Florida was 34 per cent higher than the rate for white females.

In 1940, the death rate among white males in Florida was 53 per cent higher than the rate for white females.

In 1950, the death rate among white males in Florida was 62 per cent higher than the rate for white females.

The same trend is found among the white population in the United States as a whole, although the differences between the male and female rates are less; and also among the non-white population in Florida and in the United States as a whole, although again the differences between the rates are less.

Unless one is prepared to contend that the human race has changed biologically during these 30 years, it must be agreed that something other than a basic biological difference between the sexes accounts for the more rapid decline in the death rates for women than in the rates for men. It is hoped that more interest will be shown in finding this "something" and that it will be, at least partially preventable or correctable.

Many of the present day policies in public health spring from the current belief that maternal and child health is the major foundation stone of our work. Today, when we say that "the health of the individual is of the greatest importance," too frequently the word "individual" is considered a synonym for "woman" or "child" but never "man". As an example, when we who are in the health professions talk about the necessity of routine physical examinations, many men will indulgently remark that "it's a good thing for the wife and kids," but protest that they only go see a doctor when they're sick! Yet according to 1951 United States data, deaths among females from infections and parasitic diseases are only about half as frequent as among males; only 70 per cent as many women die from diseases of the heart, circulatory and respiratory systems as do men; and only 40 per cent as many women die from violent accidental deaths. There are three times as many suicides among males and three times as many homicides.

Even before birth the male seems to be a more delicate creature for 17 per cent more males die from congenital (present-at-birth) deformity. During the first year of life over 36 per cent more male children die.

Nature produces more males at birth (perhaps an indication she is well aware of their perilous sojourn on earth). The higher death rate among males brings the two sexes to about equal numbers at age 20, and therefore females are in the majority.

* * * * *



Recreation should have its place in every man's life.



If your husband is tired out at night, maybe dancing is a little too strenuous.

Little is said about the strength, weakness or life span of the women of Biblical days, but much is said about Solomon, the wise man; Goliath, the tallest; Samson, the strongest and Methusaleh, the oldest. In Genesis 3:16 it is stated ".....and thy desire shall be to thy husband, and he shall rule over thee." Apparently, this was supposed to indicate that man was the stronger or dominant sex.

As far back as 1662, John Graunt, citizen of London, in a publication entitled "Natural and Political Observations," reported that more men than women are born and that more men die before their time. He noted, too, that "physicians say that they have two women patients to one man."

Many of our present day attitudes impose tasks on men that might be shared by women. For example, a man will usually stop and help a woman on the highway if she has a flat tire. By "helping" we mean he will change the tire! Most men will not stand idly by and permit a woman to lift or move a heavy or not-so-heavy object. Yet a press release from the U. S. Department of Labor (Dec. 18, 1954) points out that women can do any work a man can do and "women are now in all the 446 occupations that the census reports."

* * * * *

In 1951 in the United States motor vehicle accidents to pedestrians killed 6519 white men — only 1762 white women.

The bites and stings of venomous animals and insects killed 29 white men and only 10 white women.

Lightning also favored the women — killing 166 white men to 36 women.

* * * * *

Maleness is said to be the outcome and expression of the forces of catabolism (from Greek words meaning to throw or break down), while femaleness is the outcome and expression of the forces of anabolism (from Greek words meaning to build up). Both processes are necessary to life in both sexes, but it is not surprising that the forces of catabolism predominate in the more dynamic male sex — since the breaking down and burning of stored food in the body tissues is necessary for effort and the expenditure of energy. The male then is more like an engine or dynamo consuming fuel and producing energy while the female is more like a warehouse where fuel is received and stored — to insure the food supply and survival of the individual and race.

* * * * *

According to the latest available figures, a white baby boy born today has an average life expectancy of 66 years, while a white girl baby has an average life expectancy of 72 years — a difference of approximately 6 years. This fact is significant enough, and one may be inclined to shrug it off, believing that the good Lord intended it that way, but the difference in the mortality of the sexes is growing year by year. For example, in 1901 the difference was only approximately 3 years.

* * * * *



A smart young man has his physician check him thoroughly — even tho he isn't ill.

Well, what can we do about the health of our "stronger sex?" We don't know all the answers, but here are some suggested steps:

- There is a pressing need for *research* into the causes and reasons for the "fragility of the male" and into possible methods of toughening him up and prolonging his existence.
- We should pay more attention to our *boys*. While it is well known that accidents take the greatest toll among children, it is not usually realized that this is greatest among boys. Even in the first year of life the male death rate from accidents in the United States exceeds that for females by 23 per cent. Is it possible that even in the cradle our boys are penalized by less care and watchfulness? During the ages of one through four years, the death rate from accidents is 37 per cent higher in boys than it is in girls. During these ages, and throughout our entire lives, our attitudes are molded by the common belief that boys are strong, hale and hearty while girls are dainty, delicate and frail. The facts clearly indicate that it is the boys that need the extra protection.
- Put fewer burdens on men! The difference in death rates between men and women is high in the working years 35 to 65. A man should relax when he comes home after a day's work and not attempt to keep up with the Joneses — the appearance of their home, garden, car or even children! Is it profitable for us to burn the fuel of life's candle in a few short years when by sensible methods of conservation it is sufficient to light our pathways for a much longer period of happiness and contentment?
- Men should take care of themselves during minor illnesses — at least rest, and medical care and hospitalization equal to that which women receive.
- Men should leave more time for *recreation* and *hobbies*. It is a known fact that continued tension, stress and worry are frequently contributing factors in heart disease, peptic ulcer, high blood pressure and other diseases. We set our own pace and stoke our own fires.

- Men should give themselves the careful attention they lavish on a new automobile. The latter receives a going-over by a qualified mechanic at regular intervals. Yet the owner may see no need for regular physical examinations by a reputable doctor — regardless of whether or not he has a pain.

It may well be that a difference in the reactions of men and women to modern life, including work, has more bearing than the work itself. Men are considered more dynamic than women, and nature may have intended that their energy should be dissipated largely by physical exercise. Today physical exercise is not the necessary part of life it once was; moreover, it is assiduously avoided by some. It is possible that women escape the consequences of worry, frustration, disappointment, and tension to a greater degree than men by being more vocal about these conditions, through tears or occasionally hysterics. The reaction of men, on the other hand, may be in the form of heart disease, high blood pressure or ulcers.

Men are naturally more aggressive and venturesome than women. Their aggressiveness and lack of caution might explain their higher venereal disease rate, greater addiction to alcohol, and greater tendency to homicide and accidents. It is possible that males get around more and therefore suffer greater exposure to tuberculosis, poliomyelitis, pneumonia, and influenza. However, it is not established whether males contract infections and communicable diseases more frequently or whether they are simply less resistant to them and recover less often.

It may be that women are better and more frequent customers of modern medical science than are men. Sickness surveys have shown that women are ill more often than men. Women possibly have a greater tendency to stay away from work for mild illnesses than men, to go to bed sooner and stay longer, to go to see their physician earlier and return more often, and to follow their physician's instructions more faithfully. Certainly there are many more specialists in diseases of women than in diseases of men.

* * * * *



The sight of Dad relaxing is a strange and novel sight to this young lady.

**Census of patients in four major Duval County
hospitals by sex, October 18, 1954***

<i>Sex</i>	<i>Number</i>	<i>Per Cent</i>
Total patients	635	100
Male patients	261	41.1
Female patients	374	58.9

* Excludes obstetrical patients.

(Note: A recent survey by the American Medical Association shows that while in civilian hospitals women outnumber men, when veterans and other government hospitals are included men patients outnumber the women.)

* * * * *

**Male and female patients seen professionally by Duval
County physicians, September 1, 1954 ***

<i>Sex</i>	<i>Number</i>	<i>Per Cent</i>
Total patients	2,634	100
Male patients	1,115	42.3
Female patients	1,519	57.7

* Excludes known obstetrical patients but includes gynecological patients.

* * * * *

**Census of 143 nursing home patients by sex
Florida, September 15, 1954**

<i>Sex</i>	<i>Number</i>	<i>Per Cent</i>
Total patients	2,342	100
Male patients	878	37.5
Female patients	1,464	62.5

The facts raise the suspicion that men are suffering from the very ancient delusion that they are the stronger and superior sex, when, as a matter of fact, we can only be sure that their skeletal muscles are stronger. In past ages a big biceps counted a great deal in the battle for survival, but it means little now. An inventory should be taken of the physical, mental, and emotional assets and liabilities of the male, and the knowledge used to halt the trend that has been shown.

It is not suggested that less attention be paid to the health of women, for much remains to be done for them. The time has come, however, to do more about the health of men, particularly middle-aged and older men. The male population should be aroused to take advantage of all that modern medical and public health sciences have to offer.

* * * * *



Only a couple of men are shown in this nursing home picture—there are not many alive at this age.



Dad's interest in his children's problems helps all of them.

Most men can get valuable advice and support from that superior majority of mankind known as women, who have learned better than we have how to face the vicissitudes of life; who are not afraid to speak their minds; who are not ashamed of their tears; who, when they have an ache or a pain do not keep it to themselves, and who live longer lives although they get sick oftener and stay in bed longer during the course of it.

* * * * *

Men seem to be more susceptible than women to diseases which affect the respiratory system. Of tuberculosis cases reported in Florida in 1953, 63 per cent were men; 61 per cent of the pneumonia cases were men also. In the United States four times as many men die of lung cancer as do women. The disease rate is higher among children of the male sex, too. More boys have hookworm, chicken pox, measles and mumps, as well as polio and influenza.

* * * * *

The Florida State Board of Health is including in its budget to be presented to the 1955 session of the Legislature the sum of \$25,000 to study the problem of male health, and to carry on educational work in this field. Also Doctor Sowder has made application for federal funds to the National Heart Institute of the U.S. Public Health Service. A great interest is being shown in such a study by this organization.

* * * * *

If we accept the premises then that men are *not* the stronger sex, biologically speaking, we can see that certain changes might develop in our attitude toward the health of boys and men. Certainly we should pay *just as much* attention to their health as we do to that of girls and women. For example, take colds, flu, bronchitis — the common respiratory diseases. The death rate for these illnesses is 30 per cent higher among males. So men should not insist that their daughters and wives stay in bed during an attack from one of the above — but go tramping out bravely in a cold wet wind themselves.

* * * * *

Seneca once said, "We are born in only one way but we die in many ways." It is easy to understand why men are especially prone to accidental deaths, but not easy to understand why male infants should have a higher death rate from this cause. Deaths from alcoholism, suicide, heart disease, stomach and duodenal ulcers are much more common among males, and it is usually assumed that this is due to greater stress. Women die oftener from diabetes, thyroid and gallbladder diseases. It is noteworthy that these diseases (and those associated with pregnancy) are especially susceptible to medical treatment, as are cancer of the womb and breast. On the other hand the major killers of men are not so easily cured at present.

Now in spite of the fact that we males seem to be born with less ability to survive the hazards to our existence I believe that we can take for granted that it was intended that the two sexes should live together in about equal numbers. Nature and the good Lord are well aware of our plight and our weaknesses. To compensate for our native frailty about 106 boy babies are born to each 100 girls. There is evidence that an even greater proportion of boys are conceived but a larger proportion are lost before they come into the world. In our own country throughout our history until about 1930 more males than females have immigrated to our shores and fewer have left us but the trend has changed since then.

* * * * *



Widowhood is lonely — so companionship in the later years means much.

Statistic figures now attest
Facts which lead to man's unrest.
Women, though being "weaker than,"
Are dying less often than the man.
They bear the children, cook the meals,
And have less diseases, the fact reveals.
Man will boast he is stronger,
But can't deny women live longer.
Though more boys are born than girls each day
Women have a mysterious way
Of living longer and keeping healthy;
While man struggles to live and
Grow more wealthy.
Men are concerned—(And they should rightly be).
Why should "she" live longer than "he"?
Why does the man, whose muscles are strong,
Have more diseases and not live as long?
What is the reason? Is it a hex,
That man should be the fragile sex?
Did God make man and take his bone
To make a woman to live alone?
Or did God make man, as we surmise,
To live as long, as healthy lives?
The answer to these, and many more,
Are more important than ever before.
Unless something is done, and very soon,
The woman, alone, will watch the moon
And wonder why it has to be
That man can't live as long as she.

James C. Still

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All counties in Florida have organized county health departments except
St. Johns County

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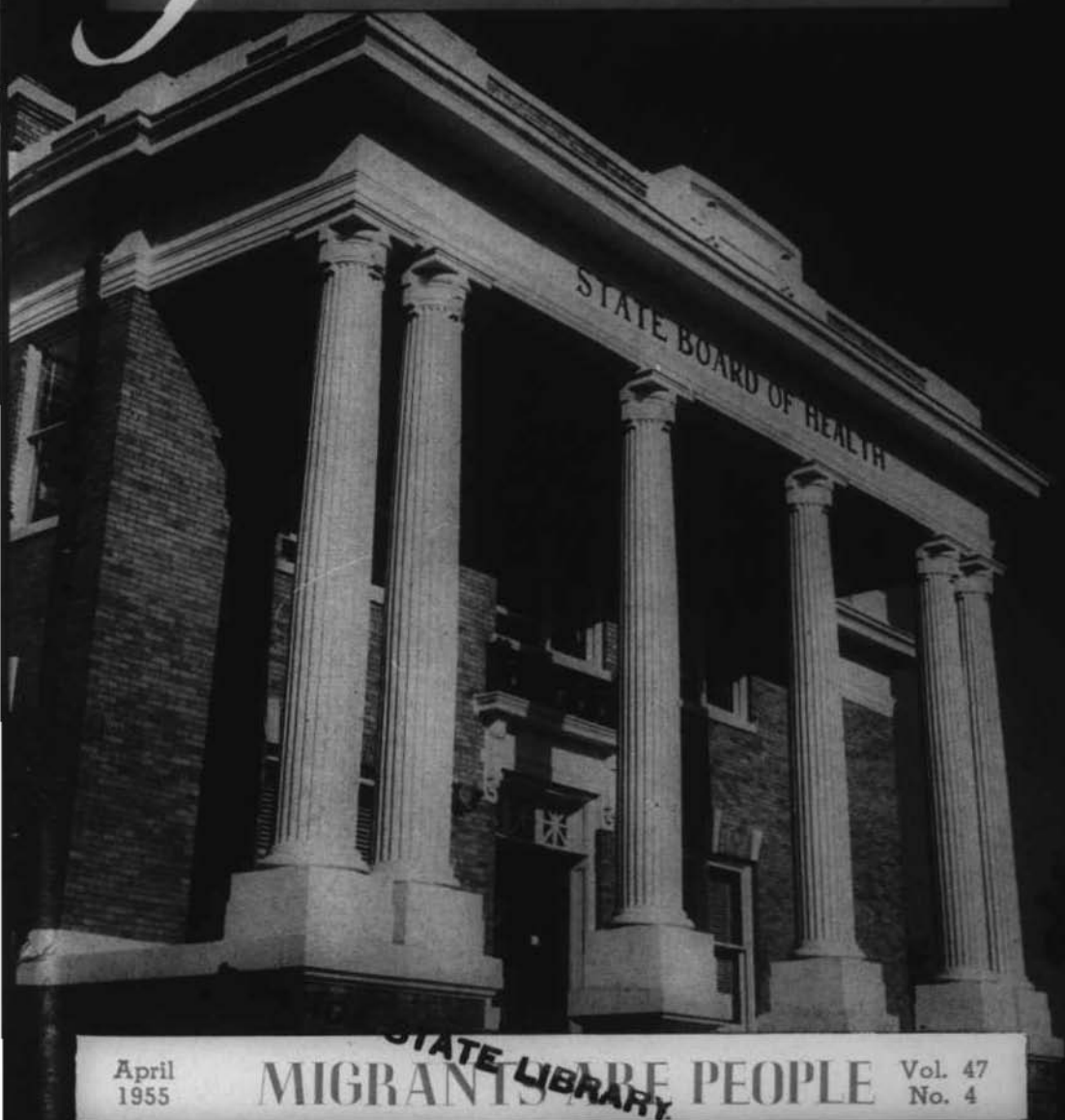
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We feel bound to state here—and with the possibility that we will be immediately challenged—that usually men are more successful materially and technically in most occupations, trades and professions known to man—whether it be cooking or painting, medicine or landscaping. However, we cannot say that men are smarter as a group when women as a group end up with most of the fruit of their labors. But because of the numerical preponderance of women, men have a better than average chance of acquiring a superior helpmate than is the lot of women. Which perhaps explains why such a large number of beautiful women attach themselves to relatively unattractive men!

Florida

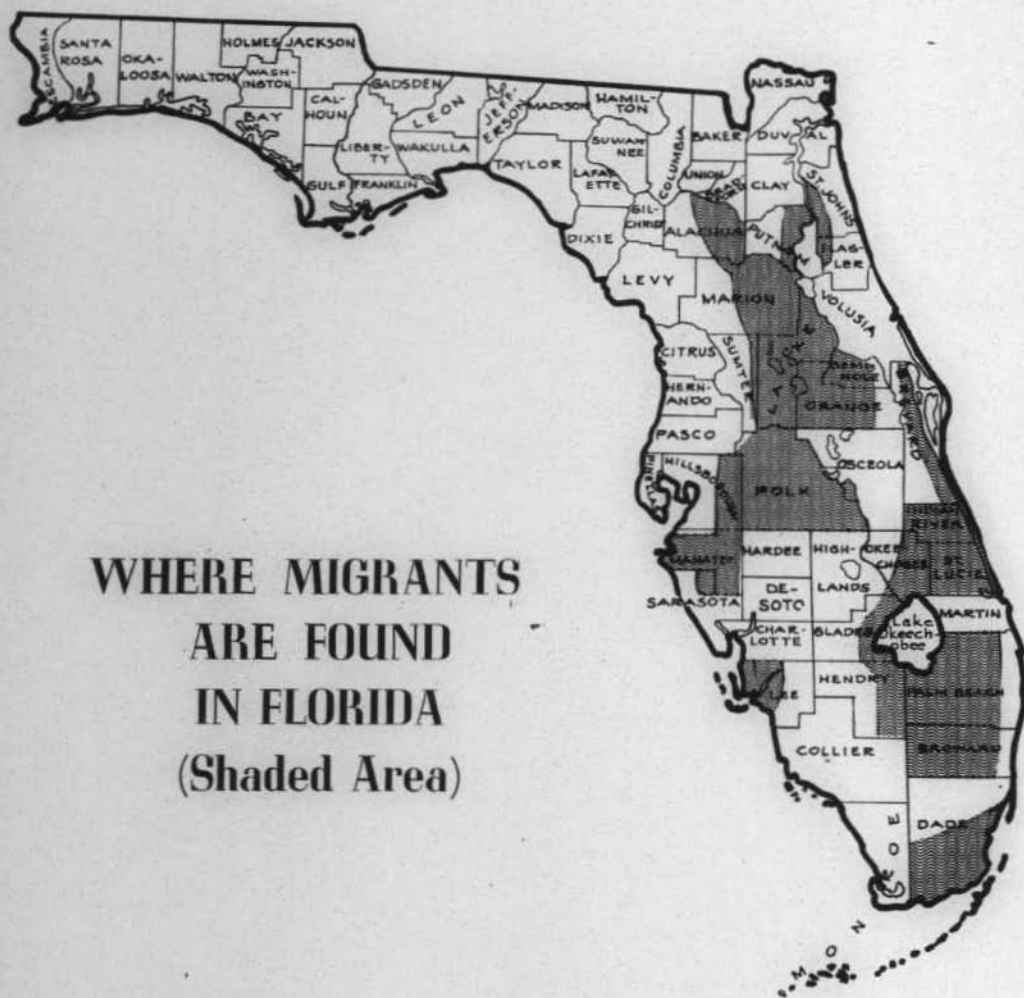
HEALTH NOTES



April
1955

STATE LIBRARY
MIGRANTS ARE PEOPLE

Vol. 47
No. 4



**WHERE MIGRANTS
ARE FOUND
IN FLORIDA
(Shaded Area)**

MIGRANTS ARE PEOPLE

Florida—prosperous Sunshine State—breadbasket of the nation—mecca of a million tourists. Yet this Spring there are migrant workers living here in tattered tents, backs of old trucks, palmetto shacks, and those fortunate enough to get a house may live eight and ten to a single room. A mother sees her child's badly cut foot, knows that it needs prompt medical care, but has no money to pay a private physician, and, as she is not a "citizen" of the county, is not eligible for free medical care as provided by the local welfare authorities.

Fifteen families, totaling more than 50 people, use one insanitary outdoor privy. Twenty-five families use a single spigot to get water for all purposes. An expectant mother presents herself to the Maternity Clinic at the County Health Department in the ninth month of pregnancy—just six months later than she should have in order to increase her chances for a safe delivery of a healthy normal baby . . . These are real everyday health problems that confront the County Health Department, and personnel from other interested agencies in areas where migrants work and live.

Who are the migrants?

They're often displaced sharecroppers or small farmers and are handicapped in finding regular jobs because they lack education or special skills so they travel, searching for work, usually in agriculture. They're a relatively young group and many women are regular workers in the fields as well as men. Besides native American workers, we have those from other countries, too.

It has been estimated that there are the following number of migrants in Florida each year:

Puerto Ricans	6,000
Bahamians	4,000
Other British West Indians	6,000
U. S. Negroes	41,300
U. S. Whites	2,700

FLORIDA HEALTH NOTES

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Where is the heaviest concentration of migrants in Florida?

In Palm Beach County, in the Everglades around Lake Okeechobee. Quite a few are also found in Dade, Broward, Collier and Hendry Counties. Some are found in a few other counties.

What crops do the migrants harvest?

Beans, tomatoes, corn, potatoes and leafy vegetables. To those who have never been in the vegetable-growing areas of Florida, particularly those adjacent to the Everglades, it is impossible to describe the fertility of this black muck soil which yields as many as four crops a season.

Do citrus growers use migrant labor?

Only to a limited degree. When they do, it is usually adult males who pick fruit. Most of these men travel alone—without families. Many are foreign workers, brought in under contract.

When do they work?

They usually come into Florida during the month of October and frequently stay until the last of May. Many follow the "East Coast Stream" and work their way up through the fields of Georgia, South Carolina, North Carolina, Virginia, Maryland, Pennsylvania, and sometimes as far as New York State before completing the cycle and returning to Florida. There are other migrant labor streams in the United States, going both east and west and north and south, but we are concerned in this issue of HEALTH NOTES with the stream that goes up the East Coast.

What is "a camp"?

Any group of housing units for more than ten families is usually referred to as a "labor camp." These may be provided by the farmer on his own property for his own labor force, or they may be privately owned and rented for profit. In some cases they are centers operated by the local housing authority (these are still called by some migrants "government camps").

Do Migrants make much money?

The average income per migrant family is probably less than \$2,000 a year. Often it is less because there are always the hazards of (1) whether there will be a crop to work on when the migrant gets there; (2) whether there will have been such an influx of other workers who got there before he did that there is no work left for him, and (3) whether he will be able to work (for health reasons) even if there is a crop.

Why do migrants move around anyway?

Because they have to—to make a living. They have frequently left home because there is no decent livelihood to be made in their original home community. Contrary to popular opinion, most of them do not have an "itching foot." They would rather "stay put."

* * * * *

But we could go on like this for pages. It is plain to be seen that although our vegetable and fruit growers have crops that must be harvested quickly when they are ripe, and must have extra workers from out of State, that this horde of migrants who descend upon Florida each year have many problems, aggravated by the fact that they are "displaced people" in the purest sense of the word. This latter fact adds to the health problems that any normal group in the community has. They don't know where to go for help, nor how to plan to use community resources intelligently. And although migrants have many problems concerned with employment, education, welfare and the like, we want to talk most about health and related issues. But let's look at the story of a family whom we'll call . . .



A public health nursing student cares for twins, born in a migrant worker's tent

THE CLARKS

Frank and Carrie and their five children came to Florida to pick beans. Carrie's sister June and her two children came, too. June developed a cough soon after arriving. A public health nurse from the County Health Department was able to get her X-rayed. She was found to have tuberculosis. One of her children had primary tuberculosis, too. June was sent to a tuberculosis hospital here in Florida so she wouldn't infect others. Her children were allowed to stay with the Clarks who received a little welfare aid for caring for them while she was in the hospital. The welfare grant did not cover the children's needs, especially that of the child with tuberculosis who needed special food and care, so Frank now had two extra children to help support. June formerly had worked in the fields. So had Carrie, but she became pregnant and ill; also, she couldn't leave the seven children, five of whom were under nine years of age.

So far, the public health nurse has seen that all the children have been immunized and Carrie is attending the County Health Department's Maternity Clinic. They have no money for Carrie's hospital delivery fee—as a matter of fact, they don't always have enough to eat. The weather has been bad, so Frank hasn't earned much lately.

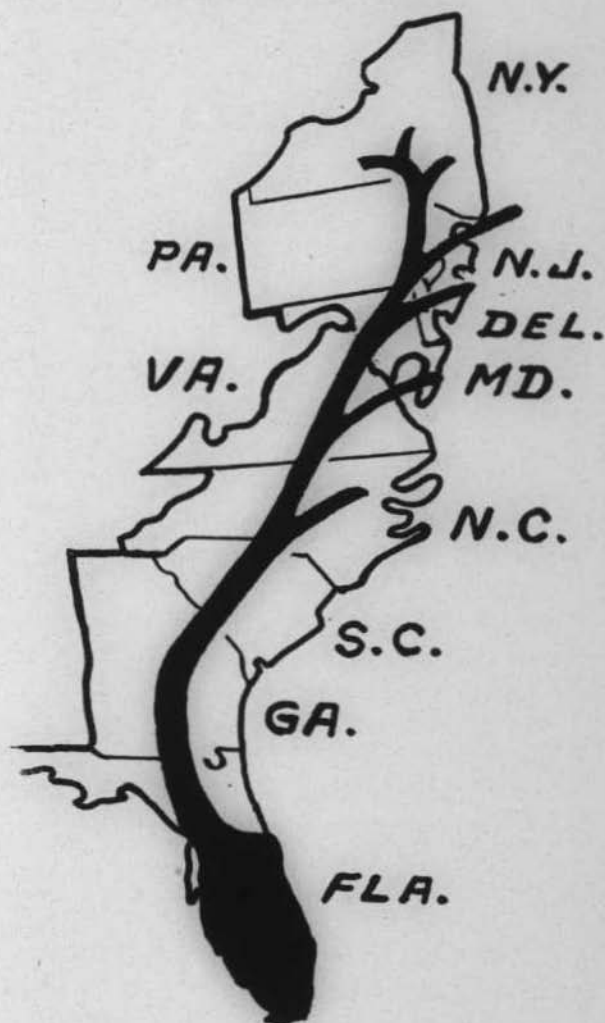
"Migrants are children of misfortune . . . They move restlessly over the face of the land but they neither belong to the land nor does the land belong to them. They pass through community after community yet they neither claim the community as home nor does the community claim them . . . The public acknowledges the existence of migrants but declines to accept them as full members of the community. As crops ripen, farmers anxiously await their coming; as the harvest closes, the community with equal anxiety, awaits their going."

From *"Migratory Labor in American Agriculture."*

This is an unusual migrant family because they once lived near Miami for four years and are therefore Florida "citizens." They've been traveling north every summer season, working in Maryland and New York.

* * * * *

The East Coast Migrant Stream



"No work today" means no money today—for families such as the Clarks. The vagaries of nature may mean bad weather for the crops; bad luck for the farmer—and tragedy for the migrant.

It may come as a surprise that many migrants look upon Florida as a home base. This brings out the tragedy of a situation in which the migrant thinks he has a home while the "home" (in this case, Florida) does not recognize the Clarks as really belonging to the community.

THE HILDENS

... came to Florida from California where they had been barely able to make ends met. Originally they were from Missouri, but left because in 1953 they put out eighteen acres of cotton and harvested only 7 bales. They put in twelve acres of sorghum and "it all burnt up." They'd always heard about the wonders of Florida and too, in the winter-time there was so little to do up in northern Missouri.

They live in a two-room shack which has an old dilapidated privy out back. There are three children at home: eight, nine and twelve years old. There are two married children (one 18, the other 19) who live on either side of the Hildens in tin shelters. Neither of the husbands in these last two families has been successful in finding work since they came about a month ago, so they've been eating at the Hilden's table. Work was slow in the fields so Mr. Hilden has been working in a welding shop for a couple of weeks, and doing right well, too, until he became sick. He is eating only sweet milk and toast and soft foods now because a doctor he visited told him he had stomach ulcers. Of course, he doesn't know for sure, because he has no money for X-rays or further diagnostic study. There is no money to buy milk for him nor to buy adequate food for the rest of the family. Mrs. Hilden explained: "The rest of us can make out on beans and biscuits and fish, if I can just get the mister well again." A local charitable organization has helped out with a little money for food and some worn clothing from their rummage sale.

Mrs. Hilden and the boys have gone fishing several times and caught enough to have some for themselves and exchange the extra for staple foods. She has tried to find sewing to do, housework or anything to earn milk money. She has even been selling a few jars of watermelon preserves which she put up last summer in an endeavor to get money for milk, and a little meat to season the few vegetables they occasionally can afford to buy.

* * * * *

One can't blame Mr. Hilden for getting sick. The Hildens are trying desperately to care for themselves, but when there is no work in the fields, there is little other employment offered in nearby communities. Why don't they move to another crop area? It takes money for gas to run the oldest car or truck.

And what of the health problems that arise from poor housing, inadequate food, poor sanitation, lack of the most basic medical care? The carious teeth, pale faces and bony arms and legs of many of the children are a constant reminder of chronic malnutrition.

Many of the townspeople are suspicious of migrants. And most of the migrants stay fairly close to urban areas. The migrants say that often their employers and landlords are callous and indifferent to their plight. The growers counter with the charge that migrants are shiftless and dirty. Both of these statements must be modified. Many employers are conscientious; many landlords supply decent housing at a reasonable price; many migrants are respectable, hard working people who just want to make a decent living for themselves and family. For example, let's take . . .

THE HYDES

There's Harry, Sadie Mae and six children, ranging from six months to 17 years of age. The Hydes first came to ——— Camp five years ago. They pay a year round rent on their tidy 3-room house so it will be waiting for them when they return each fall. They always come back a week or so before school begins so that the children can attend the school which is situated on the camp grounds. (They originally came from Georgia and return there to pick cotton each year.)

Harry is a good worker and is usually fortunate in getting work. Sadie Mae doesn't believe in superstitions, home remedies and patent medicines. "I love my children too dearly to trust that mess you're not sure about. When my family or me gets sick, we go to the doctor. He's been to school."

She keeps three water buckets on a table and one on the stove. "I got enough children big enough to go get water and big enough to light the stove. There ain't no reason they can't take baths and keep themselves clean. The water ain't costing nothing."

Sadie Mae works in the fields, too, and the children know the dishes have to be washed and the floor mopped before she gets home. They keep two slop pails in the bedroom because she doesn't want the children using the utility house—"too dirty," but the pails are kept emptied and clean.



**The limitless fields of Florida stretch out,
a ready harvest needing many hands**

The Hydes belong to the PTA and have their own doctor who has given Mrs. Hyde regular pre-natal care during her last three pregnancies. The last three children were all born in the local hospital. The children have received their appropriate immunizations and two of them have had their tonsils and adenoids removed.

Harry's greatest desire is to see his children graduate from high school. The oldest one, a boy, is about to make it.





Migrants may live in a tent or lean-to in the woods—or be well-housed in a modern camp

PROBLEMS

Many of the migrants who come to Florida were formerly sharecroppers or farm laborers in their home states of Georgia, South Carolina, Alabama or Mississippi where their income was so small that they could not make ends meet. They were born and lived in rural areas, had little education and many of them have distrusted the County Health Department clinics—or anything new, for that matter. The same is true of those laborers who come from outside the United States and who have had very little contact with health facilities in their native lands. Many of them feel that birth





From this
type home
comes a
mother...

to the
county health
department
clinic to have
her baby
immunized.



Sanitary
arrangements
range from
this packing
case and
palmetto
"facility" to...



these well-
constructed
sanitary pit
privies.



A sanitarian checks some primitive dining room and "utility house" facilities

is a natural process that will take place without anybody's help—so why waste time and money going to a clinic or hospital. A woman who is finally persuaded to attend a pre-natal clinic may flatly refuse to allow the doctor to examine her—where she came from that was never done and there is something vaguely wrong about the whole idea—in her mind.

There is little understanding about how disease is transmitted. If a person is able to walk, no disease, contagious or otherwise, keeps him at home. Sick individuals can be seen walking around with chicken pox, measles, mumps—oftentimes with a high fever. Fre-





In a county health department clinic a public health nurse checks the eyes of a migrant child; a physician examines a prospective mother

quently they do not want to know if they have tuberculosis or not (they might have to go to a tuberculosis hospital if they did) so they refuse free X-rays. Because of the small quarters usually provided and the large families, there are often three or more persons sleeping in a bed. (A public health nurse once found an old colored woman caring for small infants while their mothers worked in the fields. There were twenty-four in a small one-room shack—twelve each on the two beds there).

The migrants' lack of education is reflected in the attitude that some of them have toward immunization. They fear the shots will



be harmful to their children. A constant program of education is being carried on by the personnel of County Health Departments in the migrant areas, as well as by other interested organizations, and many of the children now eventually receive this protection.

In medical emergencies, money enters the picture more than does superstition. A migrant is usually not eligible for free county medical aid and even though a private physician may be willing to donate his services, often there is no money to pay for laboratory tests, X-rays and hospital expenses.

But the people do for the most part appreciate the health department facilities more than they used to. They are sending their children to them for emergency first aid and are taking their babies to the well-baby clinics for examination and immunization. The pre-natal clinics are becoming overcrowded and so are local physicians' offices. This indicates that many migrants are becoming increasingly aware of the necessity for following good health habits. Because of the emphasis on good health and nutrition in the local schools, many families with school age children are changing their health patterns for the better.

SANITATION

The housing situation is bad in many places. Some migrants live in well-constructed homes with adequate sanitary facilities, but too often they live in old shacks, metal lean-tos, tattered tents, backs of old trucks and in abandoned packing cases. This makes good sanitation practices well-nigh impossible. Improved housing is the desire of the great majority of migrants. They don't want to live in hovels. This is proven by the long list of applicants for the better homes rented at labor camps. The best of these houses usually have four rooms and running water. Whenever a new building is being constructed near a migrant labor camp, the list of applicants begins by the time the foundation is laid. Because rents are often high (for the type of accommodations offered) a family of five or more will often crowd into one or two rooms. And always there is the problem that there just aren't enough houses to go around.

Oftentimes the only toilets available are "utility houses" which many families use—and where it's the case of "what's everybody's business is nobody's business"—no one takes the responsibility for keeping them clean. They can quickly become so filthy that disease transmission could be easily accomplished. An old broken-down privy out in the palmettos, or just the ground back of the quarters

—are other solutions to this ever-present problem of disposing of the body's wastes.

Many of the people still buy drinking water and use piped water only for cooking and washing. They do not trust the piped water. This probably goes back to the time when in their own home localities there were no water systems and all water was pumped from the ground, or brought up from wells.

WANTED—AN ANSWER

Why isn't there better housing, better sanitation and the like? Listen to a representative of a group of farmers:

"More on-farm housing is needed, but the inability of the farmer to obtain federal or private financial aid in building labor quarters is a major obstacle. New housing or improvement to existing facilities necessitates a cash outlay, since financing is not available. When one considers that the farmer may need a very large number of harvest hands for a very short period, the magnitude of the farmer's problems becomes apparent. He will, therefore, probably continue to recruit workers from nearby communities or public labor camps as long as possible—or until long-range financing becomes available for on-farm labor housing.

Housing shortages, of course, are not confined to rural areas. It is estimated that upwards of 90 per cent of Florida's farm workers live within the corporate limits of municipalities or in adjacent non-farm suburbs. This has resulted from the attractions of city living, together with the growing tendency for the more ambitious farm worker to seek non-agricultural work and its greater stability.

Quite probably this also helps to explain to the layman why the migrant is often regarded as an unreliable, unstable worker. He may work on the farm three days, then find a short term job in the city for a while. In any event, studies have established that the average migrant volunteers for farm work only three or four days out of every six days that work is available. This latter fact may also help to throw light on other problems.

Low annual income is generally regarded as the number one problem. There is unfortunately a long standing reason for this: the farmer can offer steady employment for only a relatively short time; even though the farm workers' earning opportunities are frequently high enough to astonish industrial workers, there are many days when weather, crop failures, or market collapses restrict or even eliminate work opportunities. In such unfortunate cases, of course, the farmer also suffers.

Ask a farmer what he thinks about the so-called "migrant labor problem" and you may get a blank look. For what can he say? Actually, there is no "migrant labor problem" as such. Health housing, education and welfare problems tend to form an inter-related pattern of deficiency; this newly imponderable maze of needs is what is referred to. Obviously these problems are beyond the control of an individual farmer or even the entire agricultural industry."

SOME ANSWERS—HEALTHWISE

We all know migrants have health problems, but no one actually knows the extent of these problems. So in an endeavor to identify some, 125 migrant families have been selected for a special project. Most of these families are associated with one large labor contractor who each spring takes a labor force from Florida to Virginia, and later in the summer to New York State.

The U. S. Children's Bureau has agreed to help financially and has made a special grant to cover a period of three years from 1954. The State Legislature is also being asked for assistance.

Fortunately, it was possible to secure the services of Dr. Earl Lomon Koos, nationally known sociologist (presently on the staff of Florida State University) as a consultant. In August 1954, a full-time migrant health worker was also employed by the State Board of Health and assigned to the Everglades area.

Here is the plan for the project: A public health nurse will be employed to work with these families, along with the migrant health worker. A few local physicians will assist the Palm Beach County Health Department in providing health services for this group. It is hoped that each person in the 125 families will have a complete physical examination. The adults will also have a blood test and chest X-ray. Immunizations will be provided for all the children. Those found to have remediable physical defects will be referred to other agencies who might correct them.

A medical history will be secured, immunizations will be recorded, and all this information will be incorporated into a Family Health Record. It is generally agreed that migrants would get better medical care if they knew what had been done for them previously. These families will carry their Family Health Record with them wherever they go, and each physician, public health nurse, health department worker, or teacher can note thereon information about illness, immunization, medical care, medicines given and the like. It is hoped that the cumulative school health record will also be in-

cluded, on which would be a brief statement about the child's school attendance.

The Family Health Record will be kept in an attractive plastic case on which the name of the family or worker will be printed. This case will be presented to each family for their personal papers. They will be urged to keep the case with them at all times and to present their Family Health Record when seeking medical services elsewhere. This record will become the family's "Health Passport."

The migrant health worker will accompany these 125 families when they leave Florida about the first of May and stay with them throughout their travels north. He will contact health departments and other agencies in areas they visit, acquainting them with the project and requesting their cooperation.

The primary objective of this project is (1) to see what the actual health problems of migrants are, especially when they are traveling up and down the eastern seaboard; and (2) to attempt to provide some continuation of health services. If it is shown that health services for migrants can be better provided through such a project as we have described, it is hoped that these services will be extended to other migrant families in 1956.

TERMS USED BY MIGRANTS

Anglos . . . Migrants of white background, usually from the mountain regions of the southern states.

Tex-Mex . . . Migrants of Spanish, Mexican and Indian background who usually still speak Spanish, and come from Texas, Colorado, New Mexico. All are American citizens.

Off Shore Labor . . . Migrants, usually from the Bahamas, the Windward and Leeward Islands and Jamaica. All are British subjects, and Negroes.

Saws . . . Usually refers to those who come from the Bahamas—around Nassau.

Contract Labor . . . Applies to the "off shore labor" mentioned above, to some of the migrants who come in from Puerto Rico on contract and Mexican nationals who come in on contract. All of these workers are protected by a contract which guarantees a minimum wage, certain specific conditions of housing, etc.

Wet Backs . . . Mexican nationals who enter the country illegally by wading the Rio Grande, hence "wet backs."

Stoop Labor . . . Designates people who use their hands to harvest the crops. It means that they have to stoop over to do the job.

Domestic . . . Usually refers to native American Negro migrants.

Registered Workers . . . Migrants who are registered either as individuals or in crews, with the State Employment Offices and who are placed in camps and job opportunities by the Employment Service.

Free Wheelers . . . Migrants who travel on their own, without reference to State Employment Service Offices. Some have regular places to which they return yearly, but many wander aimlessly, following the rumors of job opportunity. These latter usually make up the worst cases of lack of employment, poor housing, and neglected children.

Crew Leader . . . An individual, usually rising from the ranks of the migrants, who gets far enough ahead to purchase a truck and gather round him a "crew" of 15 or 20 migrants, whom he transports from one area to another in search of work. Often he provides food and shelter for his "crew" and contracts for the work. Hundreds of crew leaders are contacted by the representatives of the State Employment Services on the Eastern Seaboard and definite contracts are made for crews to be in specific places on specific dates to harvest crops.

Honorable Ted David, the speaker-designate of the House (1955 session of the Legislature) called a state-wide meeting on migrant labor problems in August, 1954. As a result of this meeting a citizens' committee on migrant labor was formed of which Mr. David is chairman. It has already met on several occasions and has primarily interested itself in legislation.

* * * * *

An East Coast Migrant Conference was held in Washington in May, 1954. Delegates from ten eastern seaboard states met to develop ways to extend health, education and welfare services to agricultural migrants and their families through interstate and inter-agency cooperation.



This simple nursery, supervised by a Mennonite volunteer worker, cares for young children while their parents are in the fields

INTERESTED GROUPS

It has been possible only to skim over a few of the problems concerned with migrants. Listed below are a few of the agencies that are interested in them. A short statement of their purpose and the name and address of the person to write to for further information is given.

Florida Christian Ministry to Migrants . . . was organized in 1939 and is a cooperative Christian venture of the Florida Council of Churches; Florida Chain of Missionary Assemblies; Division of Home Missions, National Council of Churches; United Church Women of Florida; Brethren Volunteer Service and Mennonite Volunteer Service. Twenty-two full-time volunteers and six paid staff members work with and assist migrants with problems of everyday living.

Rev. Paul Cassen
836 Biscayne Drive
West Palm Beach, Fla.

Florida Fruit and Vegetable Association . . . a non-profit cooperative association is interested in the problems of the migratory labor force as it affects the agricultural aspect of Florida.

Mr. W. H. Anderson, Jr.
4401 E. Colonial Drive
Orlando, Fla.

Florida Industrial Commission—Florida State Employment Service (affiliated with U. S. Employment Service) . . . provides referral and directional service to all agricultural migrant workers in order that there may be an orderly organized movement of these workers to places and at times where their services may be fully utilized.

Mr. Ralph Moss
Chief of Farm Placement
Caldwell Bldg.
Tallahassee, Fla.

Florida State Department of Education—and the Superintendent of Public Instruction in the various counties where migrants stop . . . are interested in seeing that migrant children develop into future socially competent citizens, and to help them overcome the insecurity created by their nomadic existence.

Mr. Wilbur Marshall, General Consultant
The Florida State Department of Education
Tallahassee, Florida

Florida State Department of Public Welfare through their District Offices endeavors to help migrant children who are in need, if they meet the eligibility requirements.

Miss Frances Davis
The Florida State Department of Public Welfare
2137 Liberty Street
Jacksonville, Fla.

Florida State Board of Health—and its 66 affiliated County Health Departments . . . works with migrants, as it does with all persons in Florida, who have or are public health problems. For information specifically relating to migrant health problems contact the director of your County Health Department or write:

Dr. Ralph W. McComas, Director
Bureau of Maternal and Child Health
Florida State Board of Health
Jacksonville, Fla.

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1217 Pearl Street or P. O. Box 210

JACKSONVILLE, FLORIDA

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All counties in Florida have organized county health departments except
St. Johns County

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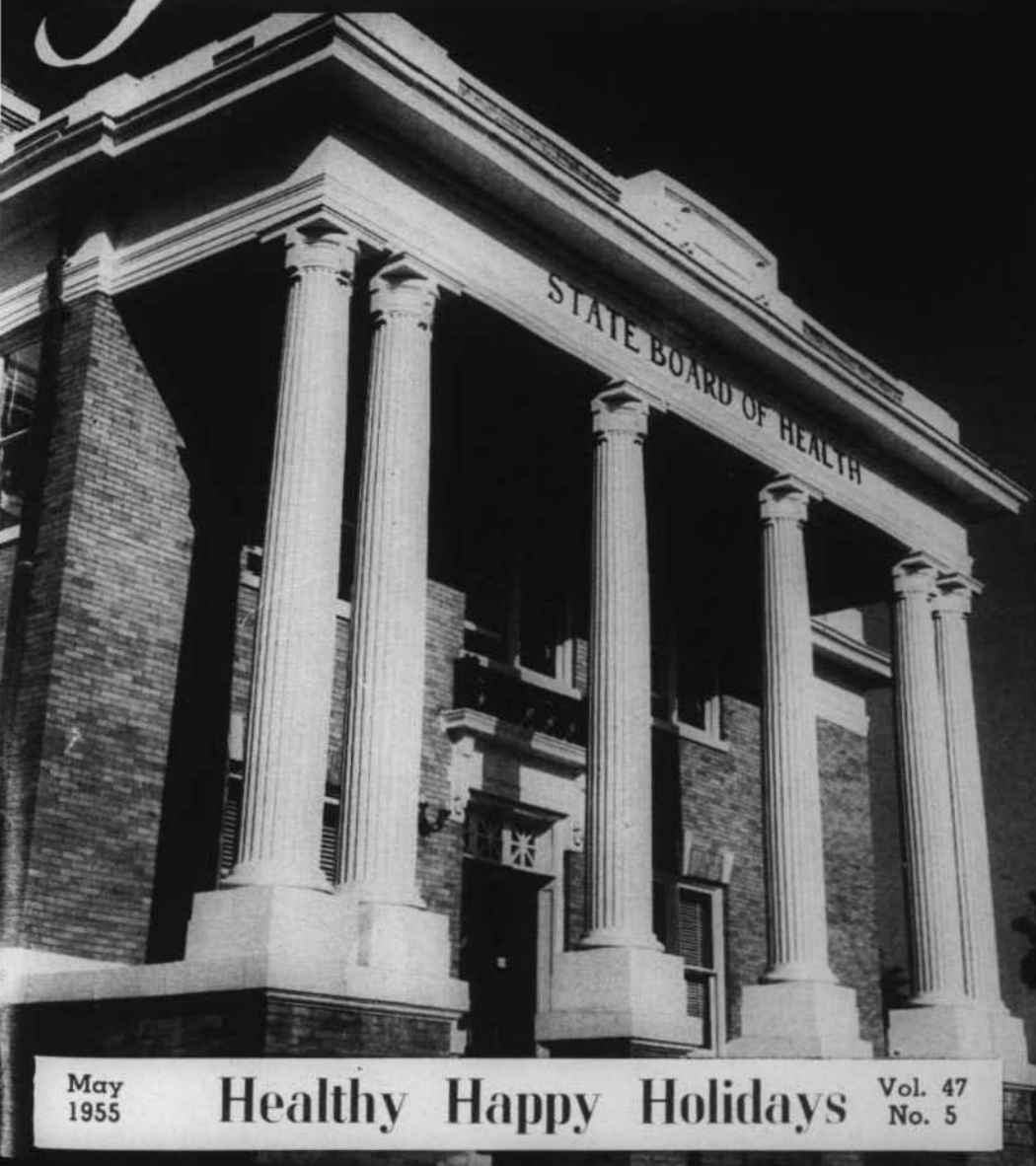
"There is no such thing in our democracy as a second class citizen. The migrant worker who leaves the South each spring to follow the crops northward should be considered, therefore, not as a person apart but as a citizen, with all the privileges and responsibilities inherent in citizenship.

"This means that we should see his needs as being the same as those of other citizens. In short . . . our responsibility is to view his needs, his contributions, and his potentials exactly as we view those of any other citizen."

(DR. EARL LOMON KOOS, Florida State University, speaking at East Coast Migrant Conference)

Florida

HEALTH NOTES



May
1955

Healthy Happy Holidays

Vol. 47
No. 5



HEALTHY HAPPY HOLIDAYS

Need a vacation?

Ever thought about traveling around your home state—Florida?

Look around a bit. Millions of other people do. Florida is a year-round playground for an estimated five million persons each year who journey to this state in search of fun in the sun—maybe while you're working.

Like skiing? We don't have to worry about whether the snow is right or not. We have water skiing which we can enjoy almost any day in the year.

Like to go hunting? In season, you can still find deer, bear, and occasionally the king of the birds, the wild turkey. Is fish your dish? You will find some real excitement here in the wide variety of gamefish along the 1,500-odd miles of Florida's ocean and gulf coastlines.

Don't forget to take your camera if you are a "shutterbug." If you have never used color film, you don't know what you've missed. The beauty of the flowering jacaranda, the unforgettable sight of the "flame" tree or royal poinciana, the vivid red of poinsettias in bloom—preserve them on film.

Along about this time you may be wondering why a publication of the Florida State Board of Health should be sounding so much like a tourist folder. Since our state has a year-round vacation climate we'd like to tell you something of what Florida has done—and is doing—in the field of public health to assure you of a healthy, happy holiday while traveling around our fair state.

What we really want to do is answer a few of your questions about a vacation in Florida. Is the water safe to drink most everywhere? Can you depend upon the milk supply wherever you go? Are the bugs worse in some areas? How about mosquitoes on the coastal islands? What are your chances of catching malaria? Is it wise to take young children traveling? Settle back in your

FLORIDA HEALTH NOTES

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chair and we will tell you some things you need to know to insure a pleasant vacation for you—and your family.

This issue of **FLORIDA HEALTH NOTES** is written, as usual, primarily for the thousands of Floridians who read it each month. (But you may want to send it after you read it to an out-of-state friend.) For we think local citizens who have lived here for years should travel and learn a few new facts about their own commonwealth.



LET'S GET GOING

First, let's find out how you plan to travel. The Research Division of the Florida State Chamber of Commerce tells us that more than half—or 55 per cent—of our visitors come by private automobile and that the total of such travel has been inching up the percentage column in recent years. One of the advantages of traveling by the personal car is that you feel more free to travel, visiting where you will, when you will, stopping when you're tired.

Before you take off from "home base," it's a good idea to have your car checked and overhauled, paying particular attention to brakes, steering gear, tires, lights, cooling system and battery. Better check to see that your tools are in working order. A flat tire and a broken jack add up to a bad combination on a dark and lonely road.

A couple of red flares or "fusee" lights (most auto supply stores have them) are always good to have handy in the car. Every once in a while you see in the newspaper that someone has been killed while changing a tire along a road at night by a speeding motorist who realizes too late that he is approaching a parked car instead of a moving vehicle. The brilliant red flare, which usually burns for as much as 10 minutes, can be seen for miles and is a clear warning that something is wrong up ahead. Such a warning signal could save your life—and maybe several lives. (Our state is so big that even Floridians often travel too by train, plane or bus in preference to a personal automobile. They just lean back, relax and enjoy the scenery.)

It's just as important to have a medical and dental examination before leaving home. It's the sort of "preventive medicine" treatment that's always good and helps to assure a pleasant time for everybody. Of course, you know that you should have regular check-ups by your physician and dentist. Plan them a few weeks before your vacation so that if there are any tests that must be made, or teeth to be filled, you'll have plenty of time to have it done before you go. It's often a frightening thing to be taken ill away from home. Try to prevent it. If, for instance, you have diabetes or a heart condition, be sure to ask your doctor what to do in case of an emergency.

How about the family pet? Cats make bad traveling companions but the temptation is often strong to take the dog. We advise that you have the veterinarian check him over to be sure his immunization shots are up to date and that he is in good health. A metal tag with the owner's name and home address will help to prevent the loss of a valued pet which may stray away from the family group and get lost in strange surroundings.

You probably won't be surprised if some hotels and motels refuse pets. A few have special provisions for animals, and generally the other establishments will help you find temporary quarters for your pet.

You will find that grocery stores, restaurants and other public eating places heed laws barring animals for public health reasons. There is one exception to this rule, however: a "seeing eye" dog can accompany his blind master anywhere. A provision in the law allows such an animal all the freedom necessary to perform his job.

One more word about pets. A number of counties in Florida forbid dogs around beaches, public bathing places and swimming pools, to prevent the spread of dog and cat hookworm. You will

understand why if you have ever had a case of "creeping eruption," a particularly aggravating and hard-to-cure skin itch, transmitted to humans through the body wastes of dogs and cats.

Before we get any farther down the road, let's touch briefly on laws regarding operation of automobiles. With millions of tourists each year on the highways, Florida's traffic problems are emphasized. You will find Florida Highway Patrolmen and other peace officers usually ready to help you in any emergency.

Always have your driver's license up to date. You will be asked to show it in the investigation of an accident or traffic violation. There's also a Florida law you may not know about. It reads as follows:

"The driver of any vehicle involved in an accident resulting in injury to, or death of, any person, or total property damage to approximate value of \$50 or more shall make a written report to the Department of Public Safety . . . in Tallahassee within twenty-four hours. This report is in addition to the report made by the officer at the scene of the accident. These accident report forms may be obtained from the investigating officer at the scene of the accident, which may be a Florida Highway Patrolman, sheriff or a city policeman. If the investigating officer does not give you an accident report form at the scene, ask him for one."

This may sound a little tough, but Florida, like other states, is fighting hard to reduce the toll of auto accidents. We may remind you that during 1954, nearly 1,000 people lost their lives this way, and thousands more were injured with property loss ranging to several million dollars in Florida. If you are tempted to find out if your new Super-8 will go as fast as the salesman said it would, it might slow you down a little to recall that the "rent" on a hospital room is much higher than you are likely to find even at a good hotel or motel! As one Florida highway patrolman warned an erring motorist: "side roads can accumulate awful fast at 80 miles an hour."

You might remind your visiting relatives or friends that you can travel in Florida for weeks—and even months—without anyone getting curious about an out-of-state tag, so long as it has not expired. But if you accept employment while on a visit to Florida, or enter children in school, you are no longer considered a "visitor," but a "resident," under the existing ground rules. In that case, it's always considered the neighborly thing to drop in at the county



courthouse and purchase a Florida tag. State motor vehicle inspectors are courteous enough to let you get settled in your new location. But if you don't come to see them, eventually they will come to see you!

Before we leave this subject, we'd like to ask a favor. When traveling around the state, if you stop in a filling station and go to the restroom, please note if it is clean or in an insanitary condition.

The filling station operators (some of them) have our sympathy, for many travelers are inconsiderate and leave the restroom in a deplorable condition. But there are other operators who do not make the effort to provide clean sanitary facilities. If you find one of the latter, report to him you're not pleased. If you think it advisable, notify the county health department. They're listed in the phone book usually under the name of the county. Other travelers will thank you.

BE PREPARED

A traveling first-aid kit is worth the trouble, especially if there are children in the party. Check to see that the kit includes sealed sterile gauze, adhesive tape, bandages, sunburn preparations, mild laundry soap for quick use in cases where contact with poison ivy is suspected, aspirin and other simple household drugs. A small pair of scissors and a king-size box of band-aids make a nice addition to the kit.



SAFE WATER AND MILK

Two things will be of special interest to mother—water and milk. For both can carry the germs of dangerous diseases and harm her family, if proper safeguards are lacking to insure purity. And here is where the State Board of Health and its affiliated county health departments begin to come into the picture. (All of Florida's counties have county health departments, except one—St. Johns. Ask county health department personnel about local doctors and hospitals if you need one.)

Let's tell the story of water first. In Florida you find salt water and fresh water, and a mixture of both, called "brackish." You'll find drinking water, swimming water, fishing water and boating water. You will find also clean water and dirty water. And how to keep clean water from becoming dirty water is one of the biggest—and a continuing—job of the State Board of Health.

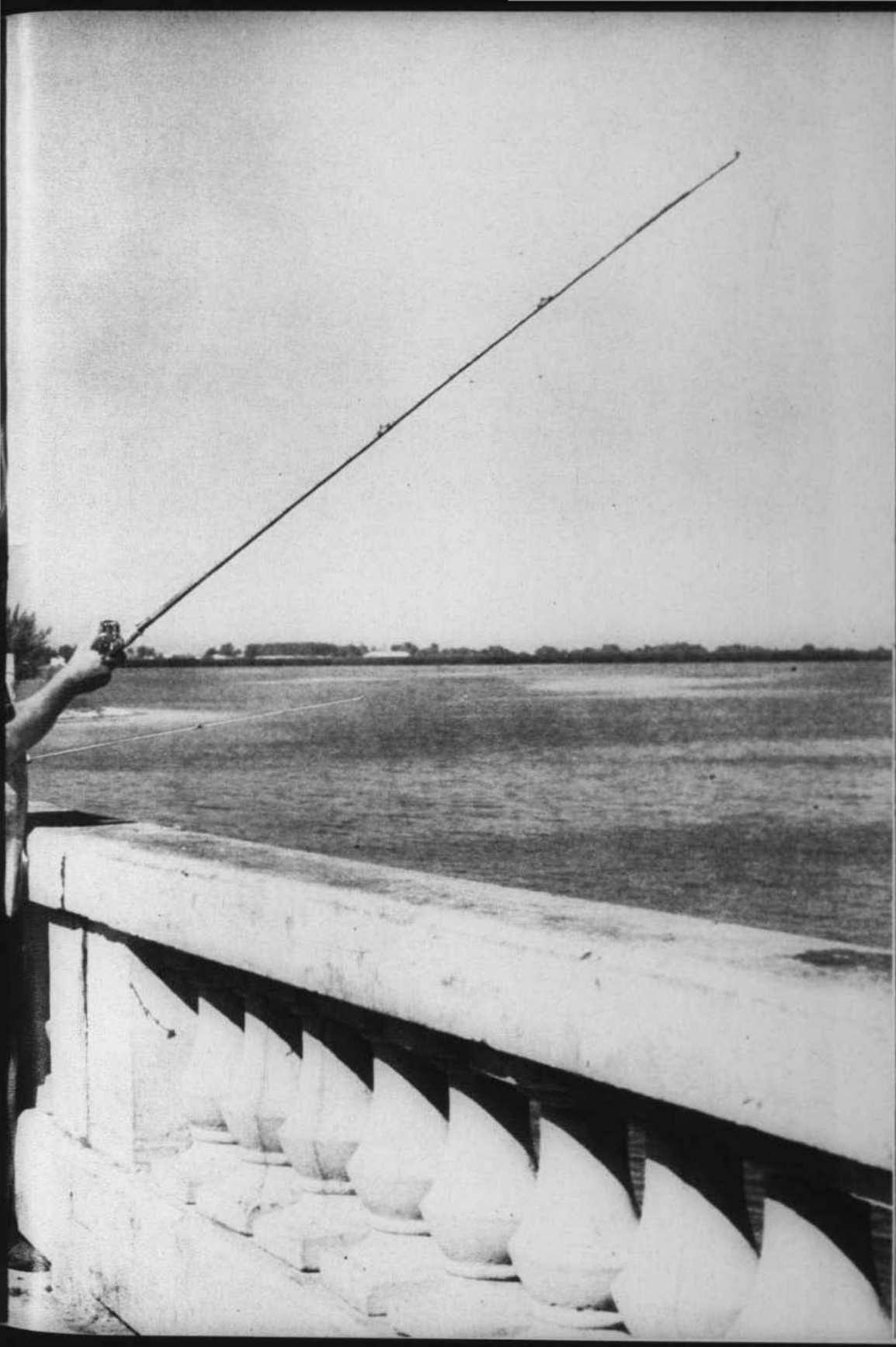
Sanitary engineers and sanitarians join with well-drillers and geologists in the ever-present battle to provide adequate supplies of safe water and to prevent water pollution. All so-called "public water supplies," such as municipal and suburban water systems, and water systems serving restaurants and other business enterprises catering to the public must be installed with due regard to purity and other safety factors. They must undergo periodic inspection and laboratory testing to be sure that the water remains safe for drinking and other personal uses. Inspections of private water supplies are made upon request to the health department.

Water serves other purposes. It is used to carry waste products away from our homes, cities and industries. This use is growing in importance, and steps are being taken to turn this "dirty" water back into "clean" water before it can spread its contamination into other waters which may eventually flow through a spigot or drinking fountain. An increasing number of Florida cities and towns—the big and the little—are providing modern sewage and waste disposal plants to safeguard the state's basic water supply.

Water also plays a big role in Florida's recreational activities. The beauty of the landscape it helps nature create, the fish and wildlife it supports, the fun of swimming and boating it makes possible, are very definite assets in Florida's annual billion-dollar tourist business.

So much for water. Now let's look at milk. Not so many years ago milk was sold on a "let the buyer beware" basis. But with the development of the State Board of Health and the creation of health departments in each county, you just can't find that kind any more.







The State Board of Health, the U.S. Bureau of Animal Industry, and the State Department of Agriculture combine to check on dairy cattle and milk production all the way from the food the cow eats, through the milking, processing, packaging, storing and sale. Vigilance to insure safe milk continues unchecked until you open the bottle or carton. Incidentally, most of Florida's dairies have switched—or are switching—to sterile waxed paper cartons which in the opinion of milk sanitarians and inspectors add still another touch of safety to a product which must be handled with care.

You don't think what a cow eats is important? Dairymen disagree. A cow must be in good health, and what she eats often determines her state of health and the vitamin and taste qualities of her milk. A sick cow is taken "off the line" in the milking barn and treated until she improves. All dairy cows are subject to check for evidence of bovine tuberculosis and brucellosis, both of which can be transmitted to people, for mastitis and signs of other disease which might impair her efficiency or safety as a milk producer.

Laboratories operated by the State Board of Health make thousands of routine checks and a number of special examinations to insure the safety and quality of milk each year. A dairy plant operator never knows when a health department sanitarian will

drop in to take a sample from raw milk being unloaded on the platform. A milk delivery driver or a grocery store operator can never be sure when packaged milk will be picked up for examination.

Incidentally, most of Florida's drinking milk is being pasteurized today. Some milk is still being sold "raw", but even that kind of milk is subject to check and must conform to standards recommended by the U. S. Public Health Service. The type of milk, either raw or pasteurized, is marked on the carton. And if your family is using homogenized vitamin D milk at home, that kind is available generally throughout the state. It all adds up—it's safe to drink milk in Florida.

WILD LIFE

Let's talk about bugs and insects. Don't be surprised if some of the bugs you find in Florida are somewhat bigger than you might find, say, in Minnesota or Montana or Vermont, for instance. Remember Florida has a semi-tropical climate, which encourages insect-growth. But have no fear, the situation is well in hand. In fact, we feel we owe a big debt to insects, notably the mosquito. For it was back in 1888 when a yellow fever epidemic spurred the state into organizing the Florida State Board of Health that our public health program had its first beginnings. Yellow fever, which brought on "shotgun quarantines" as some counties sought to check the spread of the disease from one county to another by force of arms, and malaria, which made summer months a hazard in Florida, were the board's principal targets.

Yellow fever is gone today; you don't have to worry about that any more. Malaria is so rare there has not been a single authenticated case reported in the state since 1948. There have been a few malaria cases, but evidence indicated the victims caught the disease elsewhere, notably in foreign countries. A number of veterans of the Korean war had malaria overseas but were adequately treated so they could not spread the disease.

Realizing the danger and irritation that insects can cause, most hotel and motel operators have carefully "bug-proofed" their establishments as an additional safeguard for the health and comfort of their visitors. The health department enters the picture here, too. All places catering to the public, particularly those serving food, are checked periodically by sanitarians for effectiveness of screens and other bug-proofing measures. Violations are noted, and operators are required to have corrections made.

You might be interested to know that Florida is currently spending about three million dollars annually to control insects of public health and economic importance. A substantial portion of that sum is being spent on a program designed to eliminate insect-breeding areas, notably mosquitoes and sandflies. The program is off to a good start, but a lot more planning, work, and money will be required before the state will be reasonably mosquito-free. For that reason, if you plan to camp out during any part of your stay, it would be wise to bring along mosquito netting, just as you would have to do during the mosquito season in any state.

With the growing accent on water sports, Florida is adding to its list of swimming pools every year. All public swimming pools must be built and equipped according to specifications laid down by the State Board of Health, and the water must undergo periodic laboratory analysis. The State Board of Health feels about swimming-pool water that "if it's not safe for you to drink it—it's not safe to swim in it". In spite of control efforts, pollution has spoiled some lakes and streams for swimming. Generally you will find these places marked "Unsafe For Swimming", or "No Swimming Allowed", or something similar. There are, however, quite a number of "permitted bathing places" in Florida. A call to the county health department can ease your mind in doubtful cases.



LET'S STOP AND EAT

Let's talk about food—a favorite subject with almost everybody. As one tourist so aptly put it, "you can't judge a restaurant by the size and colors of its neon sign." Florida has some of the best restaurants and public eating places in the country. It also has some that are not so good—just like at home. And the prices charged are not necessarily an indication of quality, variety, and safety. If you are in doubt, don't hesitate to ask to see the kitchen. What you can see—and smell—in there is a fairly good indication of what to expect in the way of food to be served out front.

Because of its five million visitors annually, added to its permanent population of more than three and a half million residents (most of whom "eat out" occasionally), food handling and preparation is "big business" in Florida, requiring increasingly larger investments in buildings and equipment to keep up with the competition. The State Board of Health and local groups sponsor "food handler training courses" in many of the counties to train food handlers in safe methods for food preparation and service. In your travels about the state you will occasionally note the small lapel pin which indicates the waitress serving you has received instruction in basic sanitation and bacteriology important in food handling and service, along with hints on good grooming.

The temperature of the dishwater may not mean much to you, but it means a lot to the sanitarians who make their rounds of public eating places. They carry thermometers with them, not only to check water temperatures, but also to check the temperatures in refrigerators and other food cold-storage units. Education of food handling personnel, from manager to bus boy, backed up by these safety inspections is among the principal reasons why Florida is feeding more and more people each year with less and less chance of digestive upsets from food poisoning.

And this might be a good time to suggest proper precautions for lunches and other foods you may be carrying with you in your automobile. Sandwiches such as tuna fish, egg or chicken salad, or any combination using mayonnaise or similar dressing, can sometimes develop fantastically high "bacteria counts" during an all-day ride in a sun-warmed automobile. Some of those bacteria might be disease-producing organisms which can give you some unforgettable hours with abdominal pains and other distressing symptoms. Milk off ice too long also can go "crazy with the heat," but smell and odor will generally tell you when milk is in trouble before it gives you trouble.



We have talked about food and water, milk, swimming pools and bathing places, our highway safety program, and a few other things. Let's see how many more answers we can provide to the questions which remain in the back of your mind.

AND THEN THERE'S . . .

First, a word about the sun. Watch it! Don't try to get all of your tan on the first day. Make your first exposure short. You can lengthen your sun bath gradually as your skin becomes adjusted to a semi-tropic sun. We won't get into an argument about the effectiveness of sun-tan lotions and creams. Try them until you find one you like. They offer some protection and will help to keep your skin from drying out too much during the tanning process. Remember your face and hands, normally exposed, can take more sun than your arms and legs. Treat sunburn and any skin breaks promptly. Damage to the skin paves the way for more serious trouble if neglected. Excessive sunburn can also react upon your entire system.

It's a good idea to bring everybody in the party up to date on immunizations such as typhoid, smallpox, measles, and whooping cough. That can be a part of the medical and dental examination mentioned earlier. Parents know that nobody can get so sick so quickly as a young child, nor create so much anxiety.

While we're on the subject, there is nothing so handy as membership in some type of hospital and surgical insurance such as Blue Shield and Blue Cross while you're on a trip anywhere. Be sure to have your membership card with you at all times. It's just as good as money when it comes to getting prompt service in the event of sickness or accident.

Do you have a hay fever "sniffler" in the family? That can create special problems for the occasional traveler. Most of Florida, and particularly the coastal areas, is in the safe zone for hay fever sufferers. If hay fever is likely to be a problem, it might be wise to write the Florida State Board of Health for a "pollen report" on the specific area you plan to visit for any length of time. These reports (which are from only a few areas in the state) don't guarantee that you won't have hay fever in your favorite vacation spot; but merely act as indicators.

Many of our out-of-state visitors will be seeing the ocean for the first time, and that raises another question: How good a swimmer are you? Splashing around in a pool or quiet lake and battling with a brisk surf or "undertow" on a warm but windy day are two different things. Swimming lessons and some knowledge of the American Red Cross water safety and rescue course are advised for would-be salt water swimmers. And swimming alone is always risky but especially so in ocean waters.

Be on the lookout for skin diseases. Such ailments generally thrive and develop quicker in the summertime. Prompt treatment is advised. Yes, we have poison ivy and poison oak in Florida, too, but it's not too much of a hazard. And if you are prone to attract red bugs, ticks, and chiggers, you will find them, too, particularly in the Florida "piney woods" areas. Bring your favorite bug repellent if you're going wandering around the woods. Snakes offer some risk, particularly if you venture into the woods and swamps, just as they do everywhere. In some parts of Florida, a short auto drive will take you from the comforts of civilization into a real semi-tropic jungle.

Florida is a big state, reaching approximately 400 miles from Jacksonville Beach in the northeast corner to Pensacola to the West and reaching from Jacksonville more than 500 miles to Key West at the tip of the Florida keys. Bear this in mind in planning your travel itinerary in Florida, particularly if you have children or old people in the party. Don't try to travel too far in one day. Enjoy Florida—you can't see it if you're in such a hurry to make 500 miles a day—to set a record or something. A lot of people don't realize that fatigue can really make you ill—as well as short-tempered and unhappy. Young children, especially, may have a high fever as a result of undue excitement, too much exposure to the sun and lack of proper rest.

In conclusion we would like to pass on some advice from the Equitable Life Insurance Company. In a pamphlet entitled, "Vacationing For Fun, For Health, For Assurance of a Fuller Life," the company's chief medical director states:

"A good vacation is a valuable step toward gaining assurance of a fuller life. . . . Everybody likes and needs a vacation. A break in the stress and strain of modern living can be relaxing, good for you—and should be fun. A vacation is important to your health, and good health is important to your vacation. Begin by planning it in plenty of time, and remember the basic principles for promoting your physical health and mental relaxation. Vacations and holidays are for fun from start to finish. Plan them that way, enjoy them that way. Take your time . . . relax . . . have a happy, full vacation."

Here's to a happy *Healthy* holiday!

THE STATE BOARD OF HEALTH

1217 Pearl Street or P. O. Box 210

JACKSONVILLE, FLORIDA

HON. LEROY COLLINS

Governor of Florida

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All counties in Florida have organized county health departments except
St. Johns County

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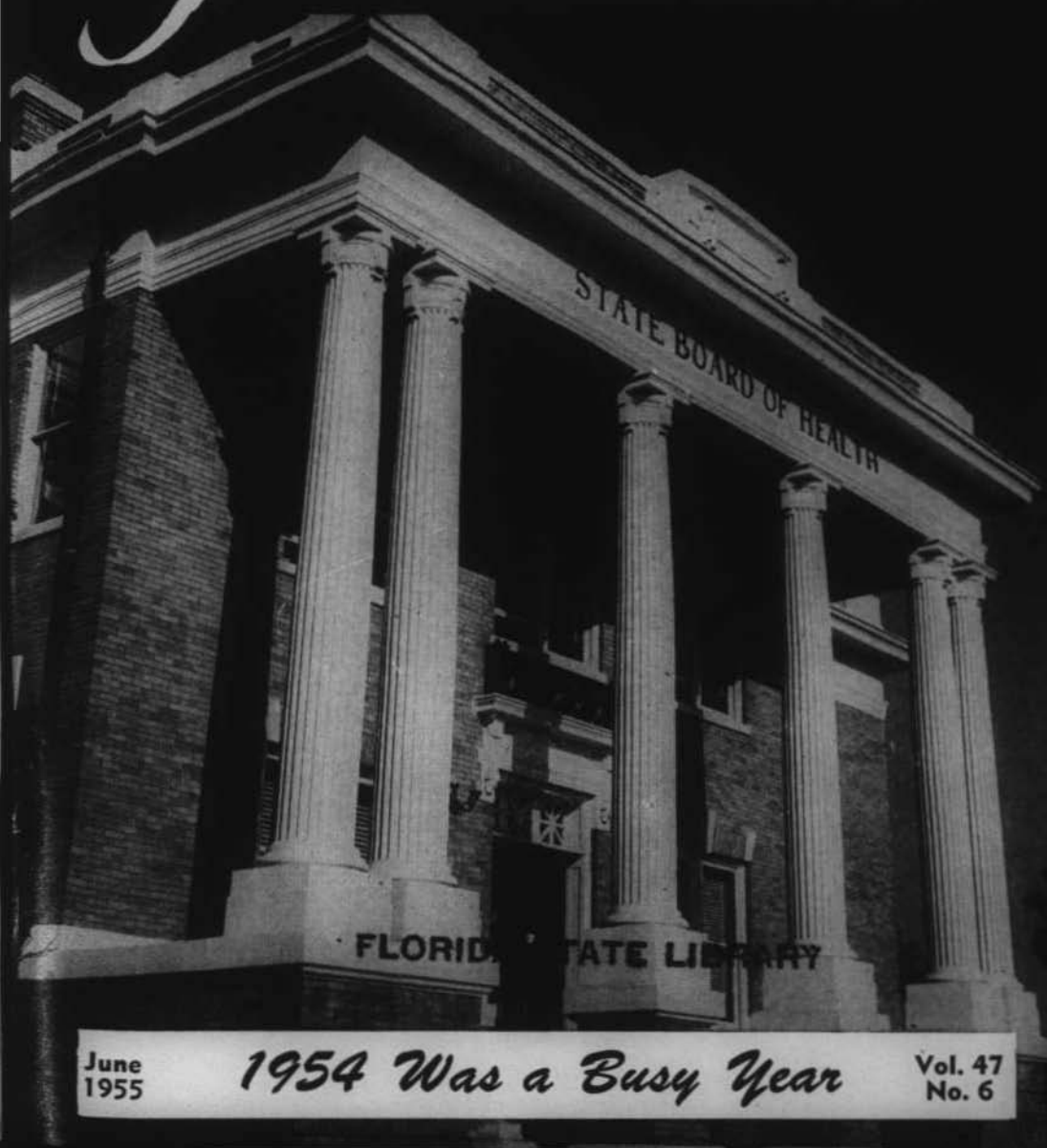
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We have a selfish reason for urging you to take a vacation. It is not just a Floridian's pride in the beauty of the scenery, the salubrity of the climate or the magnificence of the attractions that bring so many outsiders to our state (and how many of us have seen them?). No, we urge you to take a vacation, be you businessman, professional person, housewife, student—or what have you—in the interest of good mental health. A change of tempo, a new scene, a chance to enjoy sun, surf and sand, or woods, trees and wild life—these will give new meaning to your life and will help you to meet life's everyday problems more easily when you return to your workaday world.

Florida

HEALTH NOTES



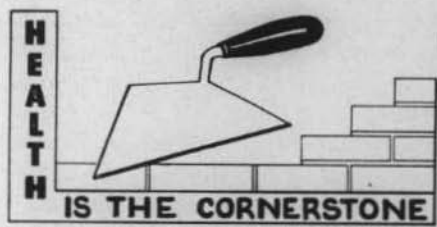
June
1955

1954 Was a Busy Year

Vol. 47
No. 6



1954 Was a Busy Year



the spotlight on 1954.

What does the Florida State Board of Health do anyway? You may know that it is concerned with the public's health — *your health* — in many ways, without ever knowing exactly how you are protected. This protection may be delegated to the county health departments in some instances, but many times the original program was initiated by the State Board of Health.

We cannot tell the whole story of our work in 1954 in one issue of *HEALTH NOTES*, no matter how "fatted up" it may be. But we can tell enough for you to get an idea of the numerous health problems we have an interest in for your sake. To deal with the current threats to the public's health (in cooperation with other official and voluntary health agencies) — as well as to be alert to new potential dangers — keeps us busy all year, every year. As an example, let's put

One outstanding accomplishment during the year was the completion and dedication on December 3rd of a new Laboratory and Health Center Building in Jacksonville at a total cost of about \$600,000. This was financed by an appropriation of \$80,000 by the 1951 Legislature, and fees collected by the State Board of Health which were matched equally by federal hospital construction funds. Now all the State Board of Health personnel in Jacksonville are housed together, with the exception of the Bureau of Entomology, which is still housed at 1010 E. Adams Street. However, there is still definite overcrowding in many bureaus and divisions, especially in vital statistics, sanitary engineering and health information — so an effort will be made to have a bill considered for the construction of another building during the 1955 session of the Legislature.

The State Board of Health is governed by a

five-man Board

(appointed by the Governor, each for a four-year period) which meets frequently through the year. Composed of civic-minded persons (see p. 143) who serve without pay, this

FLORIDA HEALTH NOTES

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Board, with the State Health Officer acting as secretary, formulates the policies and proposes legislation under which the State Board of Health functions. During 1954, the Board held ten meetings. The following subjects are representative of their extensive discussions:

- * Approved the building of a research center in Indian River County and authorized the employment of an architect.

- * Reviewed the policy of purchases made by counties and mosquito control districts with state funds allocated to them and decided to leave such purchases in the hands of local agencies.

- * Discussed with the engineering staff the sewage problem in _____ and decided that no change would be made in the policy of requiring sewage treatment.

- * Discussed with a representative of the Foreign Operations Administration the assignment of employees to foreign duty and approved a plan for this.

- * Discussed the problem of rabies and directed the public health veterinarian to prepare a bill on the subject.

- * Discussed a proposed arrange-

ment with the State Livestock Sanitary Board of cooperative laboratory work, and directed the director of the Bureau of Laboratories and the public health veterinarian to explore possibilities in this field.

- * Discussed plan for retrenchment made necessary by anticipated reduction in federal funds and approved the plan of the State Health Officer for retrenchment.

- * Discussed purchasing procedures with the purchasing agent.

- * Discussed county health department problems with a group of county health officers.

- * Discussed the red tide problem with the director of the Division of Industrial Hygiene.

- * Established a Division of Veterinary Public Health.

- * Discussed city ordinances on milk sanitation and recommended to all cities that a maximum 200,000 bacterial count be established as a safe standard in milk ordinances.

- * Raised the maximum for hospitals caring for indigent cancer cases from \$16.00 to \$17.00 per day.

The subject of the governing board cannot be dropped without a statement concerning the State Health Officer. As administrator of the State Board of Health his activities are multitudinous. The number of meetings he must attend, the numerous conferences in which he must participate, the endless decisions that he must make, and the huge amount of time that must be spent in liaison work with official and voluntary health agencies — make him one of the busiest of men.

DEATH CLAIMS DR. WARD, BOARD MEMBER

It is with deep regret that we announce the death of Dr. Albert L. Ward of Port St. Joe, a member of the five-man Florida State Board of Health from 1951 until the time of his death March 27, 1955. A native of Walton County, Dr. Ward moved to Port St. Joe in 1937, and served for three years as president of the Gulf-Franklin Medical Association.

Governor Announces Public Health Committee:

In Dec. 1954 Governor-elect LeRoy Collins announced the appointment of a Governor's Citizens Committee on Public Health. Its members are: Al Block, Tallahassee; Dr. Paul Coughlin, Tallahassee; Dr. Russell S. Poor, Gainesville (provost of the new University of Florida medical school); Mrs. R. B. Sensabaugh, Gainesville; Mrs. Frank Carson, Fort Myers; and James W. Warren, Tampa. During 1955 this Committee was to concern itself with a study of public health problems and the organizations and institutions attempting to meet them successfully, and to formulate recommendations for meeting them more effectively.

The subject of money, materials and men (and women) is talked about in the report of the

Bureau of FINANCE AND ACCOUNTS.

The funds received (or appropriated) for the fiscal year ended June 30, 1954, were from the following major sources:

State Appropriations and Funds	\$4,682,004.27
From local agencies for County Health Units	2,470,397.58
From Federal Grants-In-Aid	919,011.26
From private contributions	33,887.08

In addition, there were federal funds and services made available by the Public Health Service of the U.S. Department of Health, Education and Welfare in the amount of \$88,313.34.

The purchasing agent issued 3868 purchase orders, totaling \$650,550.69. Three bids are required for all purchases over \$25.00, and advertising in newspapers is required for purchases in excess of \$2,000.

The buildings and grounds are cared for by the Maintenance Department. The Duplicating Department turns out reams of printed material — the bulwark of our record and pamphlet supplies.

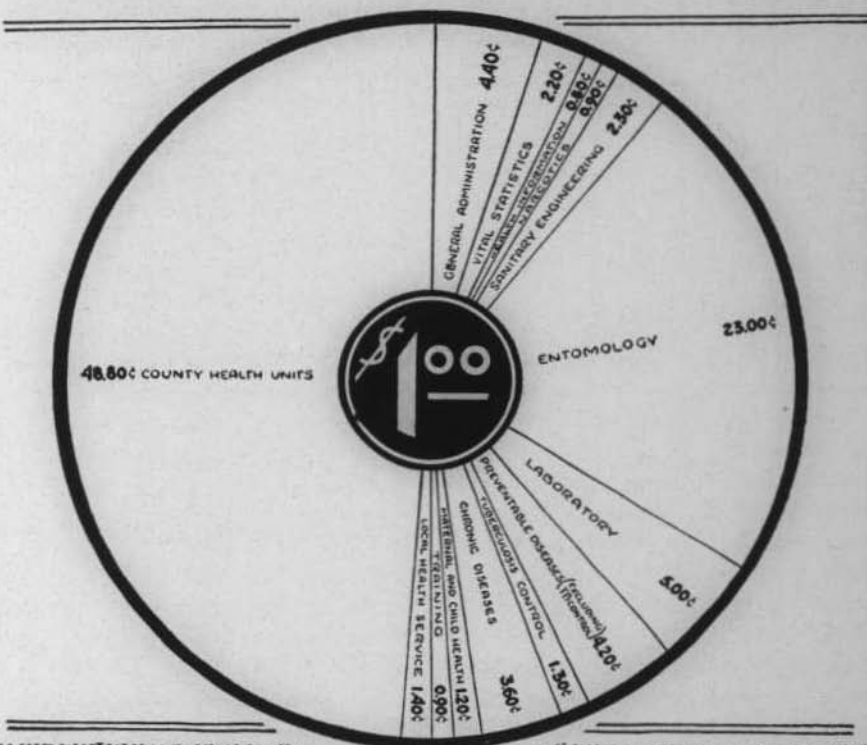
As of Dec. 31, 1954 there were 1382 employees (including those in the County Health Departments) and 13 federal employees on loan. All employees of the State Board of Health (except for a few exempt classes) work under the state merit

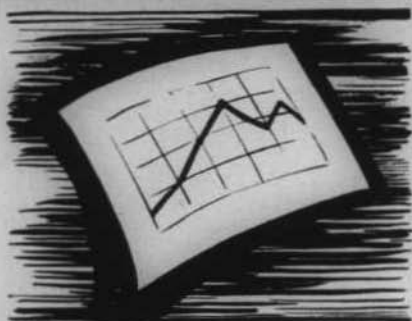


system regulations. There was little difficulty in filling positions though sanitary engineers, dentists and stenographers continued in short supply. Salary increases were given to most of the personnel during the year. These increases came as a result of merit. There were 406 employments and 366 terminations during the year. The principal reasons for leaving our employ include marriage, pregnancy, transfer of husbands from area, completion of work for which employed and acceptance of more profitable employment.

Postgraduate training on funds received from the State Board of Health for a full academic year was completed successfully during 1954 by four health officers, four public health nurses, one sanitary engineer, three sanitarians and one bacteriologist.

PROPOSED BUDGET FOR FLORIDA STATE BOARD OF HEALTH DOLLAR FOR 1954





There's no standing still in public health and to chart its course, studies are made of the vital events of life: birth, marriage, divorce, illness and death. To keep the records of these events, there is a

Bureau of Vital Statistics

responsible for their collection, tabulation, study and preservation.

As the population of Florida increases, so do the activities of this Bureau. More people means more "facts of life" to be recorded, which means more work. The table below gives you an idea of what happened in 1954, as compared to 1953.

Certified copies of these records serve as legal proof of the facts they contain and are used in many

ways: courts of law, insurance collection, school entrance, passports, etc. Fees collected by this Bureau for, say a certified copy of a birth certificate, do not automatically go into our funds. They go into the general revenue fund of the state.

The county health officer is the local registrar of vital statistics and is responsible for registration of births and deaths in his county. He keeps a copy of these records and sends the original to the Bureau of Vital Statistics at regular intervals. The relative efficiency of the various counties in reporting their births and deaths in 1954 is shown on the facing page.

● To prospective parents:

Be sure that your child's birth is properly registered. Ask your physician to show you the birth certification before filing so you can make sure the information is correct.

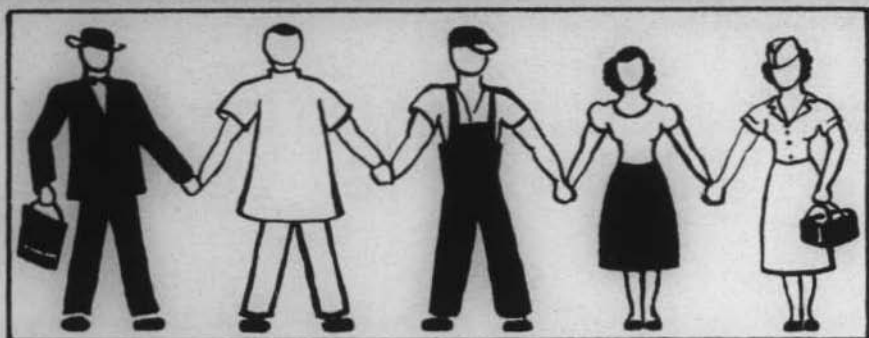
ACTIVITIES IN 1954

	1953	1954	Per cent change
Current certificates filed	160,792	164,001	+ 2.0
Delayed birth certificates filed	3,398	3,123	- 9.2
Adoption decrees received	1,709	2,222	+30.0
Amended certificates filed for adoptions	1,804	2,090	+15.0
Amended certificates filed for legitimations and correction of parentage	500	479	- 4.2
Legal change of name orders	407	871(law effective June, 1953)	
Requests for certifications			
fee paid	68,199	76,300	+11.9
free	18,871	17,799	- 5.7
Photostats made	77,718	84,551	+ 8.8
Birth registration cards made	24,428	25,030	+ 2.5
Fees collected and transmitted to State Treasurer	102,649	113,328	+10.4

VITAL STATISTICS SCOREBOARD

Based on Promptness and Completeness of Certificates Filed in 1954

COUNTY	Rank	Percent of Certificates Filed on Time		Percent of Complete Certificates		Percent of Monthly Reports submitted on Time	Total Score (Maximum = 500)	Change from 1953 Total Score
		Births	Deaths	Births	Deaths			
Manatee.....	1	97	98	99	99	100	493	+19
Pinellas.....	2	97	98	99	99	100	493	+42
Dade.....	3	95	99	99	99	100	492	+ 4
Franklin.....	4	98	94	98	100	100	490	+ 8
Suwannee.....	5	96	98	98	98	100	490	+ 6
Sarasota.....	6	94	98	99	99	100	490	+12
Hernando.....	7	93	99	99	98	100	489	+ 5
Baker.....	8	95	97	98	97	100	487	+19
De Soto.....	9	99	99	99	97	92	486	0
Martin.....	10	99	99	99	97	92	486	+ 3
Okeechobee.....	11	99	95	100	100	92	486	+ 3
Hillsborough.....	12	96	98	99	99	92	484	+15
Escambia.....	13	90	97	99	98	100	484	+11
Palm Beach.....	14	90	96	99	98	100	483	+ 9
Santa Rosa.....	15	92	93	99	98	100	482	+25
Charlotte.....	16	93	96	95	96	100	480	- 2
Volusia.....	17	89	94	99	98	100	480	+ 2
Bradford.....	18	97	100	96	94	92	479	- 6
Wakulla.....	19	98	100	92	88	100	478	-14
Marion.....	20	84	96	99	99	100	478	+ 5
Brevard.....	21	94	85	99	99	100	477	+10
Clay.....	22	90	91	98	98	100	477	+20
Holmes.....	23	92	91	96	96	100	475	- 3
Polk.....	24	87	93	98	96	100	474	+ 4
Madison.....	25	89	97	99	96	92	473	- 6
St. Lucie.....	26	87	92	99	93	100	471	0
Monroe.....	27	97	91	99	97	83	467	+19
STATE.....		86	93	99	98	91	467	+ 1
Walton.....	28	78	90	99	99	100	466	+49
Bay.....	29	84	86	99	96	100	465	+12
Leon.....	30	84	84	99	97	100	464	- 9
Okaloosa.....	31	82	85	99	96	100	462	+ 6
Duval.....	32	80	95	97	98	92	462	+32
Levy.....	33	85	78	99	99	100	461	+ 7
Lake.....	34	83	84	98	96	100	461	- 4
Osceola.....	35	79	93	99	98	92	461	- 9
Citrus.....	36	72	95	97	97	100	461	- 2
Putnam.....	37	88	84	97	97	92	458	+ 3
St. Johns.....	38	94	97	99	99	67	456	-14
Pasco.....	39	74	94	93	95	100	456	-18
Washington.....	40	70	85	100	99	100	454	-10
Lee.....	41	67	96	99	99	92	453	- 7
Highlands.....	42	73	87	98	94	100	452	+ 6
Hardee.....	43	74	96	98	98	83	449	+ 6
Calhoun.....	44	84	76	96	91	100	447	+28
Flagler.....	45	90	86	98	95	75	444	+ 2
Orange.....	46	76	83	98	95	92	444	-10
Broward.....	47	64	91	99	98	92	444	-37
Union.....	48	83	98	90	92	75	438	- 4
Gadsden.....	49	67	82	99	97	92	437	+11
Dixie.....	50	56	90	91	100	100	437	-15
Jackson.....	51	74	71	97	94	100	436	+15
Gilchrist.....	52	80	67	88	100	100	435	-24
Sumter.....	53	72	70	98	95	100	435	+12
Lafayette.....	54	58	83	100	92	100	433	+50
Seminole.....	55	98	99	99	99	33	428	-58
Jefferson.....	56	74	93	98	97	58	420	-24
Nassau.....	57	71	88	99	95	67	420	-23
Taylor.....	58	44	81	97	98	100	420	+38
Glades.....	59	40	100	80	100	100	420	+23
Alachua.....	60	64	76	99	95	75	409	-21
Collier.....	61	61	69	99	98	83	409	-14
Hamilton.....	62	46	69	94	97	100	406	- 5
Hendry.....	63	40	74	98	100	92	404	+ 7
Columbia.....	64	60	66	98	97	75	396	-48
Indian River.....	65	69	76	98	100	50	393	-27
Liberty.....	66	92	67	77	85	67	388	-13
Gulf.....	67	54	45	95	96	42	332	-76



The Bureau of Local Health Service

concerns itself with the activities of Florida's 66 county health departments (St. Johns does not have one). At the beginning of 1954, the county health departments were serving a population of 3,141,000 exclusive of the city of Jacksonville (which has its own health department) and the county of St. Johns. As of the last day of the year, there was an estimated population of 3,313,000 being served. Based on this estimated population, the following amounts of money were being contributed for public health work in Florida:

- 77 cents per capita — by
the counties
- 32 cents per capita — by
the state
- 3 cents per capita — by
the federal government

It has been estimated by conservative experts that public health work needs at least \$1.50 per capita to adequately protect the people's public health. The above funds total \$1.12. The availability of funds for public health activities in Florida have not kept pace with the astonishing increase in the state's population and wealth.

We are proud of the fact that

out of 37 directors of county health departments, there are now 23 who have had special postgraduate education in public health and hold a Master's degree in this subject.

Thirty-six per cent of the public health nurses presently employed in Florida have completed at least one year of advanced study in their specialty. We have long known that there should be at least one public health nurse for every 5,000 people. Unfortunately, Florida has only one per 10,000 population . . .

The Division of Public Health Nursing

concerns itself with the above problems as well as many others. In 1954 the staff assisted with the organization and development of the Visiting Nurse Association in St. Petersburg. This makes a total of 12 VNAs in the state, seven of which are coordinated with county health departments. The staff also arranged for the acceptance of 10 student nurses (from Florida State University School of Nursing) by five county health departments for two months of field experience. This will help to prepare these young nurses for first-level positions in public health nursing.

The Field Advisory Staff

is also a part of the Bureau of Local Health Service. It has a small staff that visits the counties on request to assist with problems confronting local health officers, public health nurses, sanitarians and clerks. A big part of the staff's work in 1954 was the *nursing home licensure program*. During 1954, 23 county health officers accepted jurisdiction of this program in their respective counties. A total of 327 licenses were issued. Out of this number, 283 are presumably still active. The remaining 44 have closed for a variety of reasons, the main one being the inability to meet the regulations of the State Board of Health. Preliminary steps are being taken to set up an education program for operators of all types of nursing homes.

Another integral section of the Bureau of Local Health Service is the

Field Training Center

in Gainesville. Affiliated with the Alachua County Health Department it provides pre-service and in-service training for all types of public health workers employed by county health departments, and includes field experience as well as regular classroom work. During 1954 six physicians, 9 nurses, and 7 sanitarians "went through" the Field Training Center. It is felt that only by continuous training, re-training and upgrading of personnel who operate our county health departments, will we be able to render the highest type of service to our citizens.

● Modern public health programs require the services of persons specially trained in public health work. Doctors, nurses, sanitarians and clerks form a basic team. To this group the larger county health departments may add such staff members as a health educator, dentist, sanitary engineer, or other specialized personnel.





In general, it is believed that through increased efforts toward more immunizations and the improvement of sanitation practices we can expect further reduction in communicable diseases in Florida." So says the

Bureau of Preventable Diseases

in their annual report. Only 31 cases of typhoid fever were reported in 1954; there are 88 known typhoid carriers residing in Florida (a record is kept of their whereabouts and the type work they are doing). There was a marked increase in the number of cases of measles—10,766 cases were reported—and we know that this disease is one that is greatly underreported. There was a slight increase in the number of cases of whooping cough reported and a slight decrease in diphtheria—but these two diseases could be practically eliminated through immunization.

There were two cases of Hansen's Disease (leprosy) reported during the year, which is about

the usual number. Both of these persons were hospitalized at Carville, La.

The year 1954 will go on record as being the worst year insofar as poliomyelitis is concerned. A total of 1,777 cases were reported. It is estimated that the gamma globulin used in Florida would have cost approximately \$2,100,000 at the current price—if it could have been purchased. It was made available through the National Office of Defense Mobilization and was supplied to them by the National Foundation for Infantile Paralysis and the American Red Cross.

An epidemic which resembled polio occurred in Tallahassee in the fall of 1954. The persons most frequently struck down were white women in the age range from 20-45 years.

Venereal Disease Control

still has one very real barrier in its way: indifference. Venereal disease affects many persons, if not personally then economically (in tax mories), and is not just a problem of "the people across the tracks." In 1954 there were 6,894 cases of syphilis reported which is an increase of 2.5 per cent over 1953. And yet we know today how to better control syphilis than ever before—the antibiotics have seen to that. There were 11,841 cases of gonorrhea reported, an increase of 3.3 per cent over 1953. And it is anybody's guess as to how many cases were not reported.

The prevalence of syphilis was demonstrated when blood was

drawn from 45,000 people in surveys made in Dade and Duval counties. The tests showed that approximately one in ten have the disease, though many of them are no longer in the infectious stage.

A venereal disease exhibit which was shown at the Health Fair in Miami attracted large numbers of people who asked many questions—in spite of the fact that it was only a small exhibit and not prominently displayed.

Cancer

continues to be the second leading cause of death in Florida. The actual number of cases are not known since the disease is poorly reported, but undoubtedly cancer is being diagnosed more readily. Tumor clinics were in operation in the following cities in 1954: Pensacola, Tallahassee, Gainesville, Jacksonville (Duval Medical Center), Daytona Beach, Orlando, Tampa, St. Petersburg, West Palm Beach, Miami Beach (St. Francis Hospital), Jacksonville (St. Vincent's Hospital), Lakeland, Bradenton, Sarasota, Ft. Lauderdale, Miami Beach (Mt. Sinai), Ocala and Miami (Jackson Memorial Hospital).



Certain types of cancer patients are sent to the Oak Ridge Institute of Nuclear Studies in Oak Ridge, Tennessee. Eight persons were admitted from Florida for treatment in 1954. There is no charge for treatments at this Institute.

Through the State Board of Health, patients who have cancer and are medically indigent and who have a chance to be helped by one of the approved methods of treatment (X-ray, surgery, radium) are eligible for state assistance in the payment of hospital bills. A maximum payment of \$17.00 per day was approved in 1954 for hospitals that accept these patients. This covers room, meals, operating room fees, drugs, dressings and nursing care. Twenty-seven hospitals accepted patients under this program during the year. No fees are paid physicians for their services to these patients. Incidentally many cases of cancer in the lung cavity are found in chest X-ray surveys originally used for the discovery of tuberculosis.

The Division of Industrial Hygiene

is concerned with the protection of workers in Florida, plus a lot of odd problems that do not seem to belong to anyone else in this organization. For example, in 1954, they were concerned with:

★ Limited studies were once again made of the red tide.

★ Air pollution around phosphate treating plants in central Florida required study and consultation with management as to how to alleviate this complaint.

★ Studies were made of a number of X-ray shoe-fitting machines to be sure they are not harmful.

★ Participated in a number of civil defense activities.

★ A technical study made of working conditions in a large post office garage. Recommendations were made for controlling contamination of the workroom air with lead fumes and dust produced incidental to repair of truck bodies.

★ Special control samples were examined for an industrial physician in connection with several suspected cases of lead poisoning.

★ Investigation was made of a situation where a number of plumbers contracted creeping eruption (larva migrans). It was found that cats and skunks had moved under the floor of the new building, thus establishing a focus of infection.

To show the types of industrial hazards in Florida, the following is a list of claims made to State Industrial Commission, Tallahassee, for Workmen's Compensation from January to December 1954:

Conjunctivitis		188
Welders'	171	
Chemical	5	
Other	12	
Infections		65
Meat	28	
Tuberculosis	3	
Undulant fever	5	
Other	29	
Repeated motion, pressure and shock		14
Temperature changes		5
Variations in air pressure		12
Respiratory irritations		3
Radiation exposure		1
Parathion poisoning		12
Lead poisoning		2
Diagnosis indefinite		7
Dermatitis		1108
Citrus	164	
Alkali	134	
Solvents and oils	118	
Cement	137	
Glue	6	
Other chemicals	140	
Plant	112	
Creosote	10	
Fungus	53	
Larva migrans	106	
Other	128	
Total		1417



Disease of animals transmissible to man—that is the problem of the

Division of Veterinary Public Health

The year 1954 saw the establishment of an Animal Disease Morbidity Reporting Program. This was done with the cooperation of the Florida Livestock Board, U.S. Department of Agriculture, and Department of Health, Education and Welfare. This makes it possible to keep a fairly accurate check on the prevalence of diseases of animals that are harmful to man.

Rabies: There were 89 animals diagnosed as having this disease, which is an increase over last year's total of 64. Many foxes are now reported as having rabies as well as other warm-blooded animals, including dogs. Incidentally, a full-time biologist is studying the habits and migration of bats since the first one was found to be rabid in 1953.

Undulant fever (brucellosis): 9 human cases were reported in 1954. A total of 97,234 cattle were

tested by state and federal veterinarians. There were 1,725 of these cattle disposed of (according to state regulations) as they were found to be infected.

Bovine tuberculosis: All cattle in dairy herds are required to be tuberculin tested before milk is sold and annually thereafter. There were 72 infected cattle found and removed from these herds this past year.

Anthrax: No new premises were found infected but two of the originally infected ranches in Polk and Broward counties did have recurrences.

Psittacosis: Only one case of human "parrot fever" was diagnosed in Florida. Out of a total of 100 birds examined at random from aviaries in Florida, five were found to have this disease.

During 1954 the milk consultant worked in 43 counties. Seventy-two milk plants were inspected and over 800 producing dairies. Much of this work was done in cooperation with the sanitarians in the county health departments, as the State Board of Health has only one milk consultant. Considerable work was done on further development of systems of tank-truck pick-up of milk from cold-wall tanks at the farms, thus eliminating ten-gallon cans and going another step in assuring the delivery of safe milk to the consumer.



The place of tuberculosis as a leading cause of death has changed greatly. In 1953, for the first time in many years, tuberculosis was not listed among the first ten causes of death, says the

Bureau of Tuberculosis Control.

During 1954, 277 persons were reported to have died from tuberculosis in the state. This was a decrease from the 303 deaths reported in 1953. But there was a slight increase in the number of cases of tuberculosis reported. Many of these were found in the very early stages (when they have the best chance for recovery). Over 30 per cent of all cases reported were over 45 years old, and over 15 per cent were over 65—which shows a swing toward the older age groups. Tuberculosis used to be a disease that struck the hardest in the 18-30 year group.

A central case register, which is kept in Jacksonville, shows that 2115 persons were hospitalized for tuberculosis in 1954; the number of active cases residing at home dropped from 1909 in 1953 to 1585 in 1954. Of these 616 have never

been hospitalized and 138 of this number have been proven to have tuberculosis germs in the sputum. Public health authorities believe that practically all active tuberculosis cases should be in hospitals, where they cannot spread the germs and where they can get consistently adequate treatment. Sufficient hospital beds are available in Florida today for all persons with tuberculosis who can profitably use them.

Mass X-ray surveys continued year-round—528,699 small X-rays were taken in 1954, many in co-operation with local tuberculosis and health associations, and county health departments. Not only was tuberculosis discovered in these X-rays (737 new cases alone), but also other conditions; among them:

344 suspicious tumors, 1560 suspicious heart conditions.

One last word: tuberculosis is still with us—as can be seen from the above facts.

The Division of Heart Disease Control

is primarily interested in:

Education: The Biennial Cardiovascular Seminar for Physicians, held in Miami, was attended by about 300 doctors. This seminar was sponsored jointly by the State Board of Health and the Florida and Greater Miami Heart Associations . . . Plans were made to sponsor a mobile library of between 20 and 30 professional books on heart disease for physicians and nurses to be circulated (on loan) among small hospitals in Florida.

Community Service: Four outpatient heart clinics are now operating in the state. This Division is assisting in detecting new cases of congenital heart disease among children admitted as students to the Florida State School for the Deaf and Blind at St. Augustine.

Research: A Rheumatic Fever Case Register has been established and is a joint enterprise with the National Children's Cardiac Hos-

pital (Miami) and the Florida Heart Association. This Case Register will serve to determine if we have any problem in this state as concerns rheumatic heart disease (we don't think so—but want to be sure) . . . A 5-year project was begun to try and find out what causes congenital malformations (babies born with some type of defect). This will be done by studying many mothers all through pregnancy.



October 1954 was a happy month for the

Bureau of Laboratories.

This was the date when they occupied their new quarters in the new addition to the State Board of Health. After years of crowding and working under difficult conditions, the new building allows for greater efficiency — as well as helping the workers' morale. But the Bureau director notes that this happiness is tempered by the sad fact that regional laboratories in Miami, Tallahassee and Orlando are all housed in unsuitable and unsafe facilities.

The volume of work in the newest regional laboratory at West Palm Beach more than doubled in 1954. (Other regional laboratories are at Tampa and Pensacola.) The Bureau notes that (like many of the other bureaus and divisions) their personnel is overworked, since in 1954 they examined the largest number of specimens ever submitted. County health departments and private physicians constantly request increasing services from these public health laboratories. For example, in 1954 there were:

30,000 more specimens of blood tested for syphilis than in 1953

2,213 more specimens of sputum tested for tuberculosis than in 1953.

And the above does not show that many of the specimens are examined more than once (and by different methods) in order to increase the chances of picking up the disease-producing germs. For example: take rabies. Whole animal heads are received: the skull

must be opened and the brain removed. Series of smears on slides are prepared for microscopic examination. In 1954 these tests revealed 67 animals with rabies. But in order to try and find out if any of the other suspected animals might have rabies, which could not be detected in the slides, 3200 mice were inoculated in the brain and were cared for during 30 days of observation, and examined after death. The cost of the mice alone was nearly \$1,000. But through these costly and technical procedures, 22 more animals were found to have been rabid. Such procedure is what it takes to prevent human beings from contracting the always-fatal disease, as well as other valuable animals.

There were examinations, too, (as in every year) of stools (for hookworm and other intestinal parasites), milk, water, foods, narcotics, tests for poisons and other substances in foods, etc. Examination of nose and throat smears showed 122 positive for diphtheria, as compared to 138 in 1953.

Special studies: included a continuing investigation of *salmonella* infections (often referred to as "food poisoning") . . . Intestinal infections in monkeys were also investigated (since this would throw light on some of these infections in man). The National Foundation for Infantile Paralysis maintains a "Monkey Farm" in a remote community in South Carolina. Members of this Bureau's staff served as consultants when many of the monkeys began to die from these infections. Monkeys are



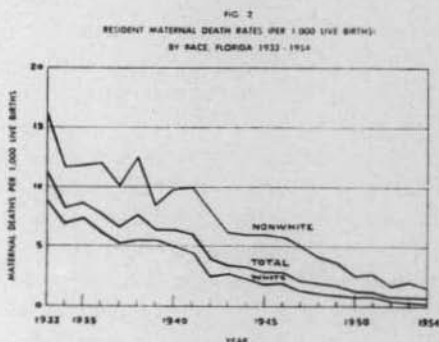
used in research into the causes of polio . . . Examination of "normal" bats was continued. Out of over 800 bats (shot on the wing) which were examined, one was found to be infected with rabies . . . Parrots were examined for psittacosis; poultry for a number of infectious diseases; specimens from cattle for anthrax . . . Constant research also goes on to try and find more rapid and better tests on specimens submitted to us for much of our present knowledge about ways to protect our health has come from the laboratory. Current research should add even more to our public health armor.

The above recital gives only a faint idea of the many aspects of public health laboratory work. All in all, 1954 was a busy and eventful year for this Bureau.

One of the major interests of the

Bureau of Maternal and Child Health

is the decrease in the number of deaths of mothers due to childbirth. If you will look at the graph below, you will see how Florida is progressing in saving mothers' lives.

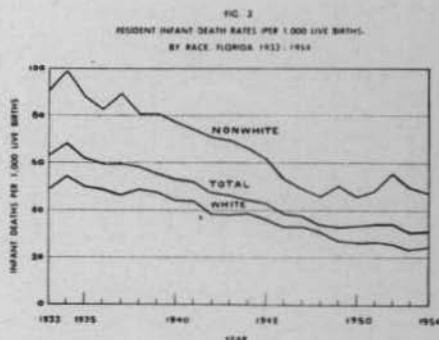


In 1954, 54 mothers died in Florida from causes directly related to childbirth. Only 17 of these were white in spite of the fact that almost two-thirds of our population is white. We believe that the main reason for this low figure is the fact that 97 per cent of all white mothers are delivered in hospitals; many of the non-white mothers are delivered by midwives at home. The number of midwives in active practice is declining slowly, and two counties do not have any midwives now. There were 345 midwives licensed in 1954 as compared to 369 in 1953. The older midwives are retired as early as possible (with a great deal of ceremony). This Bureau is

interested in training only sufficient new midwives to replace those who are no longer able to practice, in areas where there are not enough physicians caring for non-white maternity cases, or where there are not any hospitals, or where hospitals do not admit normal non-white maternity cases.

Low-cost maternity care plans are being studied in several Florida communities. They usually provide for delivery in a local hospital with an average stay of 24 to 48 hours after delivery at a reduced rate, with the physician agreeing to deliver women from low-income groups for a nominal fee, or in some instances, free. Prenatal care is furnished by private physicians or county health departments.

The infant death rate did not decrease in 1954, remaining the same as in 1953. (Approximately 31 per 1000 live births). However, the graph below will show that the rate has been going down consistently for a number of years.



A number of surveys are now being made to find out what health facilities are available to new babies in certain communities (with high infant death rates) and to what extent they are being used.

The Premature Demonstration Center at Jackson Memorial Hospital in Miami has continued to operate at full capacity. (Around 250 premature babies are admitted each year.) Prematures are admitted not only from Dade County, but also from surrounding counties since the Center is a joint project of the State Board of Health, the U.S. Children's Bureau and Jackson Memorial Hospital. It is hoped that with the cooperation of the University of Miami School of Medicine the Center will be used for the formal training of doctors and nurses from all over the state instead of just the Miami area.

The main emphasis on *school health* this year centered around increasing the use of Bulletin 4-D by school teachers. This bulletin, which was jointly sponsored by the State Board of Health and the State Department of Education, outlines Florida's school health program. Though it has been out for over a year, it is still in the process of being distributed by the State Department of Education. The director of this Bureau and the consultant on health of the State Department of Education worked together in 1954 in visiting counties and holding joint meetings between the staffs of

county health departments and schools. It is especially gratifying to note that the expansion of the exceptional child program helps to solve many of the health problems for children in smaller counties, where it often used to be a waste of time to examine school children, since many defects found were never corrected.

Much effort and thought was expended in 1954 on the problem of *migrant laborers* and their families. The director of this bureau helped to plan and participated in the East Coast Migrant Conference, which was sponsored by federal agencies and held in Washington, D.C. This conference provided an opportunity for professional workers from ten eastern states to meet together and plan for a better approach to the problems of the migrant labor group. Florida received considerable attention as it is frequently named as the "home base" of migrant families. A special project was designed for 1955 which will take a selected group of these migrant families, provide them with basic public health services, furnish each family with special health records, and travel with them during their migration. This is to determine what health facilities are available in the various states where the migrants stop and what use they make of them. Florida uses migrants to help harvest her lush crops, and therefore must take some responsibility for their health and welfare.



The Division of Mental Health

completed its first full year of operation in 1954. This Division is concerned first of all with preventing mental illness and *promoting good mental health*. It serves a focal point for bringing together many community groups who are interested in various kinds of mental health problems: human relationships, alcoholism, juvenile delinquency and the like.

Three new Child Guidance Clinics were opened during the year: West Palm Beach, Pensacola and Panama City. All three are under the sponsorship of various local groups, including the county health departments. Ten other clinics (opened before January, 1954) continued to operate. They are located in: Ft. Lauderdale, Miami, Jacksonville, Tampa, Tallahassee, Orlando, Gainesville, St. Petersburg-Clearwater, Bartow and Daytona Beach. It has been estimated that 35 guidance clinics are needed for Florida: one for every 100,000 people.

Some of the facts about persons coming to the guidance clinics in 1954 might be of general interest:

★ There were twice as many white boys as white girls seen, but the same number of non-white boys and non-white girls.

★ 20 per cent of the children seen were mentally deficient.

★ 40 per cent of the patients seen were children between the ages of 5-9 years, and 25 per cent between the ages of 10-13.

★ 14 per cent were over 18.

Many of the clinic personnel (psychiatrists, psychologists, social workers, etc.) spent a great deal of their time in educational work and conferences: making talks, appearing on radio and TV, working with study groups; holding conferences with school teachers, probation officers and persons from health and welfare agencies, etc.

Since many of the small counties cannot support a guidance clinic (or would find it difficult to locate professional people to run them if they could) a pilot study in DeSoto, Hardee and Charlotte counties was begun in December. The plan calls for a specially prepared mental health worker to be attached to this three-county health unit, and to a nearby guidance clinic. The worker will carry on mental health education, and help nurses, doctors, parents, teachers, ministers and social workers to better serve their contacts who have mental health problems, as well as to help them intelligently refer patients to a guidance clinic. If this plan is successful, it may be repeated in other groups of small counties.

NUTRITION in a NUTSHELL

The nutritionists in the

Division of Nutrition and Diabetes Control

were kept busy last year since there is still a wide gap between our knowledge of what is a good diet and what many of our people actually eat. Here are some of the activities of the chief nutritionist and three regional nutritionists (Tallahassee, Tampa-St. Petersburg, Ft. Pierce): served as consultants to State Department of Welfare on special dietary problems of their clients; helped to set up nutrition standards for children in child care centers and foster homes; instructed many public health nurses on how to set up food budgets for their patients, helped to compile a recipe book for Florida-produced foods; assisted nursing homes, hospitals and nursing schools in many different ways: planning good diets, helping draw plans for new kitchens, etc. Several groups of practical nurses were taught; student nurses in six different hospitals were helped with diet information.

All four staff members taught at the annual school lunchroom workshops for white personnel and one assisted with the Negro workshop. Regular classes for both cardiac and diabetes patients were taught in one hospital. Classes for diabetics were taught in four other areas. Published a bimonthly leaflet called "Nutrition in a Nutshell."

Diabetes Control Program:

Due to lack of funds, very little diabetes detection was done. Insulin was distributed on a quota basis (through the county health departments) since there was not enough to go around. During the year 28,543 vials of insulin were distributed to 2,505 people at a total cost of \$34,502.82. A monthly bulletin "Timely Topics" (for diabetics) goes to approximately 1800 people. In cooperation with the Lay Diabetes Association of St. Petersburg, during Diabetes Detection Week, 1781 urine tests were performed; of these 216 showed sugar. A second test showed that 55 needed to see their private physicians for further studies.

Probably 90 per cent of Florida's citizens have something wrong with their teeth. The objective of the

Bureau of Dental Health

is to help prevent dental disease and decay through education.

The most effective preventive for dental caries known today is the fluoridation of public water supplies. Naples, whose fluoridation program had been discontinued after operating for two years, held a referendum in July 1954 and won by better than a two to one vote. Belle Glade held a referendum to determine if fluoridation should be begun and won by a large margin. This makes a total of 13 cities who now have fluoridation of public water supplies. In a number of other Florida cities, fluoride occurs naturally in the water.

Statistics show that if you apply sodium fluoride directly to the teeth of children at the ages of 3, 7, 10 and 13 years this will also reduce dental decay by 45 per cent. A large number of counties in Florida are interested in giving this service to their children, but are unable to do so because they cannot obtain Florida-licensed dental hygienists. A program in Hillsborough County was able to complete topical sodium fluoride treatments for 867 children. Many citizens, living in cities, are urging their health officials to provide this protection until fluoride is added to their water supplies.

A mobile dental clinic was in operation for nine months in 1954. In several counties, a total of 3727 children in the first three grades

(who were eligible for clinic care) were given dental examinations. Of this number, 420 were accepted and given complete dental care.

Education took up a great deal of the Bureau's time. For example: classroom talks, the showing of films and filmstrips, distribution of teaching packets to teachers, the teaching of classes in various universities, and many other time-consuming activities.

The Gainesville Dental Care Study: Begun in 1954, this scientific study is being made to find out how much dental care all the children (first through the sixth grades) in this area need *because* many of these children have been drinking fluoridated water since 1949. This study is unique since all children in this age group, irrespective of their economic background, are also receiving corrective dental care. The dental unit is housed in a portable building and is staffed by personnel from the U.S. Public Health Service. The unit can be moved intact from school to school. It contains six modern dental units (chairs, etc.), an X-ray unit and office facilities.

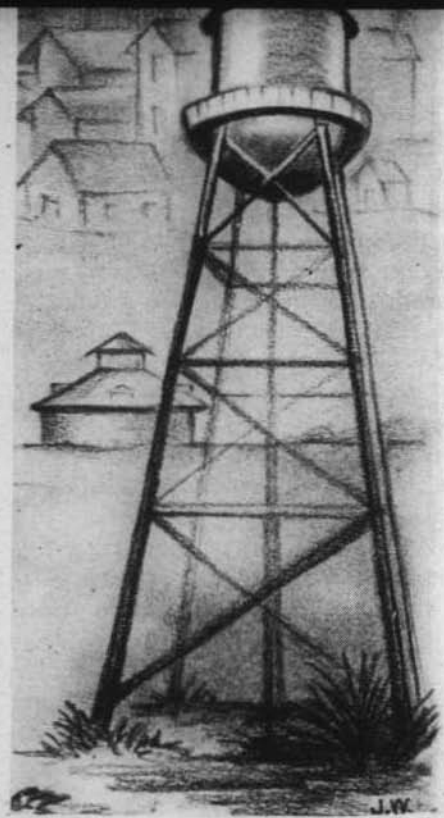


The
Bureau of Sanitary Engineering
has so many responsibilities that it is hard to know where to begin to tell their story, but let's start with *water*. There were 160 projects approved for new or improved water systems in 1954, representing an increase of 4 per cent over the previous year. It is interesting to note that over 46 per cent of these projects were for water supply, treatment and distribution works for subdivision developments.

Many of the problems having to do with a pure water supply and water distribution are directly connected with our rapid increase of population. Coupled with this is the fact that this bureau had less personnel than ever before while trying to do more work.

A total of 164 projects for *swimming pools* to serve the public were approved. These were for hotels, trailer parks, municipal recreation centers, clubs and motels. The total of 164 plans were 6 per cent more than the number approved for the preceding year. The average cost of these pools was \$15,000. There were 570 pools operating under permit in the state in 1954. Of these, 120 were new pools. The majority of permits (almost 80 per cent) were issued to pools on the lower east coast. There were 45 permits given to natural bathing places. To obtain such a permit a sanitary survey is made and the natural waters to be used for bathing and swimming are examined by the laboratory.

There were 25 *bottled water*



plants in the state that were issued permits, as well as five from other states who send their product into Florida.

The year 1954 brought to its peak a campaign that has been waged bitterly since 1947 against using individual septic tanks in crowded city areas. The public has become more conscious of the unreliability of septic tanks in built-up areas, and are demanding public sewerage systems as the only modern means of *waste disposal*.

Plans approved for 126 separate projects, having to do with sewage systems in one way or another, were estimated to cost \$17,901,544.

Often industrial growth is followed by an increase in *industrial wastes*. Such is the case in Florida. Examinations of wastes from

phosphate rock mining, canned and concentrated citrus products, and the pulp and paper industry reveal this situation. These and other industries sometimes pollute many of our natural waters, rendering them unfit for fishing, swimming, bathing, boating and other recreational activities. Industrial management now frequently plans with the State Board of Health before building a factory. However, there are still many places in Florida where fish are dying, air is polluted and nearby property value is decreasing because of this industrial waste problem. Where shall these wastes go? Can they be treated before disposal? These are serious questions.



There were 21 treatment plant plans submitted in 1954 for laundry water disposal in areas without sewage.

Special mention must be made of the continuing study and controversy over pollution in the St. Johns River adjacent to the city of Jacksonville. The State Board

of Health personnel believe that a sewage treatment plant is essential. City officials continue to insist that treatment of sewage from Jacksonville is not a necessity. The investigation and controversy continues.

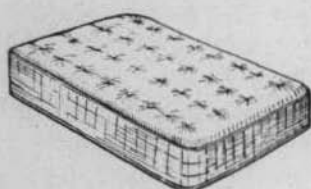
One of the big jobs of this bureau is to check on plans for subdivisions, popularly known as "fringe" areas. A total of 470 subdivision plats were reviewed and favorable certifications were made on 444 having a total of 21,355 lots.

Supervision of *shell fish sanitation* is another responsibility. Sampling of the oyster-growing waters in Apalachicola Bay were done almost daily. Great strides were made in 1954 by the crabmeat industry in producing better quality crabmeat. About \$30,000 was spent last year by the owners of crabmeat plants to improve their facilities.

A total of 82 *food processing plants* received permits to operate.

The *food handlers training* program was cut during the last year due to lack of sufficient staff. However, a number of localities were assisted in holding these programs: Polk, Palm Beach, and Dade Counties, the Southeast Tuberculosis Hospital, Pinellas and Marion Counties, Jacksonville City Health Department, and the Department of Restaurant and Hotel Management, Florida State University.

A total of 100 sets of plans were reviewed and approved for *tourist and trailer courts* and 296 permits were issued, an increase of 30 per cent over 1953.



Assistance was given in improving the sanitation of migrant labor camps. This bureau, in cooperation with 17 county health departments, conducted a survey of the camps with recommendations as to how they might be improved. Sixty operation permits were issued recreational and labor camps, which is a marked increase over previous years.

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We were less annoyed in 1954 in Florida by mosquitoes, dog flies and other insects.

The Bureau of Entomology

believes this is due to natural factors as well as stepped-up activities of persons working with this problem.

This Bureau is concerned with the enforcement of the Structural

The newly enacted *Bedding Inspection Act*, (to insure sanitary products) which became a law on Dec. 1, 1953, resulted in much planning, supervision and correspondence. The plan for the first year was to request all manufacturers to register voluntarily, and to this end 2,348 manufacturers, renovators and retailers were listed.

Educational activities included joint sponsorship of courses for water and sewage plant operators, and assisting in short courses for sanitarians at the University of Florida.

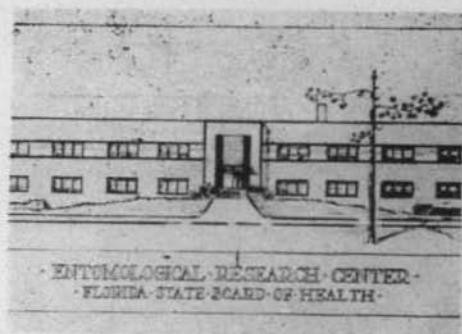
The above tells only of some of the activities of this Bureau. Its activities touch everyone's lives in Florida in some way every day.

Pest Control Law and the Thermal-Aerosol Law. These laws primarily apply to exterminating and termite control firms. During the year, various complaints from home owners were received, impartially investigated and settled to the satisfaction of all concerned. The following figures show the extent of the pest control business in Florida:

Registrations	1952	1953	1954
State Board of Health Licenses issued	173	184	196
Employees Identification cards issued	671	789	910
Thermal-Aerosol Certificates of Authorization issued	3	3	1
Thermal-Aerosol Certificates of Authorization renewals	19	18	19

The Bureau also constantly traps mosquitoes at more than 100 mosquito light traps, so as to learn more about their habits, flight patterns, etc. Over 1,682,000 adult mosquitoes were identified during

the year. The laboratory also identified many insects sent in by citizens, who usually want to know how to get rid of their unwelcome visitors.



An information sheet, "The Florida Salt Marsh Mosquitogram," was developed and distributed weekly to all the counties and mosquito control districts along the coastal areas of the state.

The biggest news from this Bureau was the letting of the contract for the Entomological Research Center at Vero Beach which will undoubtedly attract international attention once it is finished and put into operation. It will be completed sometime in 1955.

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The year 1954 was a satisfactory year from the standpoint of the **Bureau of Narcotics.**

Investigations of complaints about the illegal use of narcotics and registration of physicians and drug-stores, kept their staff busy.

As usual with the influx of tourists, the number of arrests increased during the winter months. The southeast district with headquarters in Miami reported 64 of the 106 arrests in 1954. The narcotic problem is greatest in this

There are 38 counties participating in Florida's \$1,250,000 program for mosquito control. This money is distributed through the county health departments and mosquito control districts on a matching basis with local funds.

Malaria and typhus used to be two diseases that were constantly fought in Florida. But look at what has happened in the past few years:

Year	Malaria cases	Typhus cases
1950	7	34
1951	23	20
1952	50	11
1953	19	10
1954	11	6

(The malaria cases reported were all in military personnel who had returned to Florida from overseas duty. There were not any cases reported originating in this state.)

Incidentally, if you would like to learn more about the history of Florida's mosquito control system from 1919 until the present date, read *Public Health Reports* for July, 1954.

district which is composed of 12 counties.

The bureau cooperates very closely with local police and sheriffs' offices as well as with the federal narcotic inspectors, custom agents, etc.

In answer to complaints or where violations were suspected, 971 investigations were made resulting in 99 arrests for violations of the narcotic law, such as illegal possession or sale of opium, morphine, heroin, marihuana; forgery

<h2 style="margin: 0;">FLORIDA STATE BOARD OF HEALTH</h2> <p style="margin: 0;">BUREAU OF NARCOTICS</p>	
	<h3 style="margin: 0;">1955</h3> <p style="margin: 0;">CERTIFICATE OF REGISTRATION</p>
NUMBER 5252	
<p style="font-size: small;">This Certificate of Registration is granted to person named hereon, who has met the requirements of Sections 458.06, 459.17, 460.28, or 462.20, Florida Statutes 1953. This certificate expires 12-31-55.</p>	
<p>DR S J ROBSETH 466 FENSEL TERR JACKSONVILLE FLA</p>	<div style="text-align: center;">  <small>DIRECTOR, BUREAU OF NARCOTICS</small> </div> <div style="text-align: center; margin-top: 10px;">  <small>STATE HEALTH OFFICER</small> </div>

of prescriptions; obtaining narcotic drugs by the use of such prescriptions, etc.

The investigation and registration of drug stores is a very important phase of work but it is thankfully acknowledged that they contribute very little in the total number of arrests; four of the 106 were pharmacy cases. . . . It was necessary to make three arrests for violation of the medical laws for practicing medicine without first obtaining a medical license in this state.

Educational activities: 66 talks were made (often accompanied by films) during the year by the director and inspectors to keep citizens advised of the narcotic situation in the state. Most of these talks were given to police training schools, medical, pharmaceutical, nursing, P.T.A., civic and church groups; dealing with narcotic problems such as diversion of narcotics through drug stores; diversion of drugs by unscrupulous physicians; peddling and other illegal sources

of supply; also medical, non-medical and teen-age drug addiction, and the treatment and rehabilitation of addicts. The response to these talks has been most satisfactory.

Addicts: The State Uniform Narcotic Drug Law provides for commitment and treatment of drug addicts as narcotic patients, both voluntarily and compulsorily, at the State Hospital at Raiford. During the year, with the assistance of the bureau, many addicts received treatments. Some entered private institutions and the U.S. Public Health Service Hospital at Lexington, Kentucky, and 20 were committed to the hospital at Raiford. While the latter is not the ideal place for the treatment of narcotic addiction, it is the only place the state has to offer at the present.

Teen-age Addiction: Every possible effort is being put forth to make thorough and complete investigations of all reports of suspected narcotic violations in the

high schools and institutions of higher learning. No violations of any consequence have been found in these institutions.

**Registrations by the Bureau of Narcotics
—1954—**

Medical Doctors (M.D.)	4912
Osteopathic Doctors (D.O.)	461
Naturopathic Doctors (N.D.)	233
Chiropractic Doctors (D.C.)	497
Masseurs	490
Chiropractists (D.S.C.)	165
Physical Therapists (R.P.T.)	55
Drug Stores	1112

Needs: The state is badly in need of an institution, similar to a self-sufficient community, for treating drug addiction in which each member is assigned work according to his abilities after he has been taken off the drug. Bed, board, recreation facilities and some entertainment should be provided and regular hours kept; medical, surgical and diagnostic facilities should be available, including physiotherapy and psychotherapy.

★ ★ ★

**The Division of Health
Information**

is the crossroads where other bureaus and divisions, county health departments, voluntary and official health agencies exchange news and views about health education programs, and receive help in using various media. Also, numerous visits were made to county health departments to assist with health education problems. Pamphlets, films, exhibits, reports, bulletins, inter-personal relationships, formation of health councils and co-operative action with schools and health agencies, were the usual problems presented.



- *There is a keen interest in health today which has never been matched before. Many people turn to the State Board of Health for films, pamphlets, books, and general information on innumerable subjects concerned with the public's health.*

Some Activities of the Division of Health Information were:

- ★ More than 125 completed projects carried out by the part-time artist.
- ★ Over 3,240 films shown 8,892 times to an estimated audience of around 525,000 (not counting TV viewers).
- ★ Four organizations (Florida Council for the Blind; District 12, Licensed Practical Nurses Association; Blue Cross-Blue Shield, United Cerebral Palsy of Florida) placed films in the Division's film library.
- ★ The "book" library circulated 8,886 items (books, journals, pamphlets, microfilm, etc.) among 421 borrowers (that's 21 items per borrower, not counting the browsers).
- ★ Over 150,000 pamphlets distributed, in spite of the fact that only about 10 per cent of the literature requested is ever given out by this Division. The most popular pamphlets were those on nutrition, preventable diseases and sanitation.
- ★ Approximately 50 general and 100 special stories released to the newspapers.
- ★ Four two-day orientation programs to the State Board of Health held, and five special groups instructed from University of Florida, Florida State University and Florida Normal and Industrial School.
- ★ Foreign visitors from the Philippines, Formosa, Iran, Thailand, India, El Salvador, Bolivia and Iraq were greeted and the State Board of Health program explained to them. Field trips were arranged for several.
- ★ Plus a host of other activities: setting up exhibits, working with school teachers, making talks, writing pamphlets and the like.

*Don't you agree that 1954 was
a Busy Year for the Florida
State Board of Health?*

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All counties in Florida have organized county health departments except
St. Johns County

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*The new and the old buildings of the Florida State Board of Health,
1217 Pearl Street, Jacksonville, Florida.*

Florida
HEALTH NOTES



September
1955

CHILDREN and ACCIDENTS

Vol. 47
No. 7



Children and Accidents

IF YOU ARE responsible for the health of a small child (let's say you are a parent or guardian), you would certainly have him protected against diphtheria.

If you are a civic-minded citizen of your community interested in the health of all children (let's say you are a member of a health council, PTA, or some voluntary health agency), you probably worked in the recent campaign to protect first and second graders against polio.

If you are a teacher of young children (let's say you work in a nursery school, kindergarten, or elementary school), you are interested in urging that all the children under your care be protected against tetanus.

But do you know what the first cause of death is in Florida? Well, it isn't diphtheria or polio or tetanus. It's *accidents*. In children between the ages of 1-15, accidents kill and cripple more than any other cause.

All the three diseases named above are dangerous, and children should be protected against them. But day in and day out, more children lose their lives from accidents than any other cause. And the loss of life isn't the whole story either. For though we have made great advances in the treatment of children who have accidents, and many lives are saved that might formerly have been lost, an untold number of children live with permanent scars of body and mind:

loss of fingers, toes, arms, legs, eyes; horrible scarring from burns; painful and expensive hospital treatment — but why go on? You read the newspapers every day, too.

Accidents to children are a grave public health problem if we define such a problem as one that affects a large number of people, for it is not only the child but his parents, physician, family, and often the whole community who may be grieved by an accident that could have been avoided.

This issue of *Florida Health Notes* will concern itself primarily with accidents to young children, though some will be discussed which happen to children of all ages. A later issue will discuss accidents to children of school age.

Many parents and other adults who come in contact with children worry needlessly about them. In our anxiety to help children grow to maturity with the best possible health, we are often unduly concerned with one or two degrees of fever, thumb-sucking, snoring, tonsils, colds, and the two-well-fanned fear of polio, cancer, vitamin deficiency, and anxiety over whether or not Johnny drinks his last drop of milk or eats every bite of his spinach. A great deal of time and money is often spent on seeing that a child has the best possible care from a pediatrician—an excellent and much-to-be-applauded idea. But if only the same

FLORIDA HEALTH NOTES

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amount of time and trouble were spent on locking up poisons, covering over ponds, teaching about the safe use of matches, and the like! Suffice it to say that you can help to prevent accidents to children. But let's see

what are some of the accidents that killed children in Florida in 1954. And remember as you read the list below, that *four times as many children are permanently crippled each year as die from accidents.*

ACCIDENTAL DEATHS BY AGE AND TYPE FLORIDA 1954

TYPE OF ACCIDENT	AGE	
	0-4	5-14
<i>Home Accidents</i>	125	32
Poisonings	12	2
Fire and explosion	32	11
Hot substance and corrosive liquid	4	..
Mechanical suffocation	24	..
Firearms	6	13
Falls	12	3
Other home accidents	35	3
<i>Motor vehicle accidents</i>	54	44
Injury to pedestrian	25	20
Collision	9	10
Injury to pedal cyclists	4
Other motor vehicle accidents	20	10
<i>Public Place</i>	49	68
Transportation accidents	3	9
Fire and explosion	3	1
Hot substance and corrosive liquid	2	..
Drowning	15	41
Firearms	1	4
Falls	1	2
Other public accidents	24	11
TOTAL	228	144

House Set Ablaze By Children With Cigarette Lighter

Children playing with a cigarette lighter started a fire in a home here yesterday morning which caused an estimated \$300 damage to the building and contents firemen with Engine Company 14 reported.

The problem of accident prevention in childhood is unique. No endowed foundation, no research laboratory and no inspired investigator is going to develop a vaccine, serum, antibiotic, endocrine extract or operation that will prevent accidents. Though interest, thought and statistical research can be stimulated at the community level, the ultimate mediators of any accident prevention program in childhood are the parents.



► Only a slight tug could bring this electric iron down on this little girl, offering the threat of bone fractures, serious burns.

► Falls are a leading cause of death and serious injury to young children. A stout screen, well secured, is needed here.



Missing Tot's Body Found In Grand Canal

PHOENIX, Ariz. (AP)—The body of a 2½-year-old boy was found in the Grand Canal recently more than 24 hours after he wandered away from his home here.

Police detectives discovered the body while making spot checks around waterfalls made in the canal by control gates. The canal is one of the city's main arteries for irrigation water.

Only a few minutes before the detectives found the body snagged on an underwater obstacle, his mother had tearfully told reporters:

"I'll never see him alive again."

An intensive search, under way since yesterday morning, saw more than 40 prisoners from the city jail walk along the canal in a human chain in the hunt for the child. The current had carried the body about four miles from where the canal passes within a block of the family home.

The child apparently wandered away from his home about 7:30 a.m. yesterday just after his father had gone to work.

A Word About Kerosene Poisoning

FLORIDA has one accident problem that is not common to all states—that is the drinking of kerosene (or other volatile oils such as gasoline) by very young children. During the age of inquisitiveness, (1-3) a child will eat or drink anything. And while kerosene poisoning does not kill many children, it can make them very ill. One of the common complications is pneumonia.

In 1953 a questionnaire was sent out to 156 hospitals in 48 counties in

Florida by the Children's Commission. Replies were received from 78 hospitals—exactly one-half of those queried. 64 of the 78 who responded reported 592 cases of kerosene poisoning, of whom five died. And remember that 78 hospitals did not reply nor were private physicians queried!

Examples of the number of cases seen in large urban areas are given below:

Duval Medical Center, Jacksonville: in 1953, 76 children under six years of age were hospitalized and one death occurred. Number of "out-patients" of the same age treated for same condition was estimated at 50.

Jackson Memorial Hospital, Miami: in 1953, 22 children under 15 were hospitalized and 36 treated in the "out-patient" department for the same poisoning.

PROTECTION:

There are two ways that little children—and their parents—might be spared all the unpleasantness of kerosene poisoning—even if it does not result in death. The Florida Children's Commission recommends:

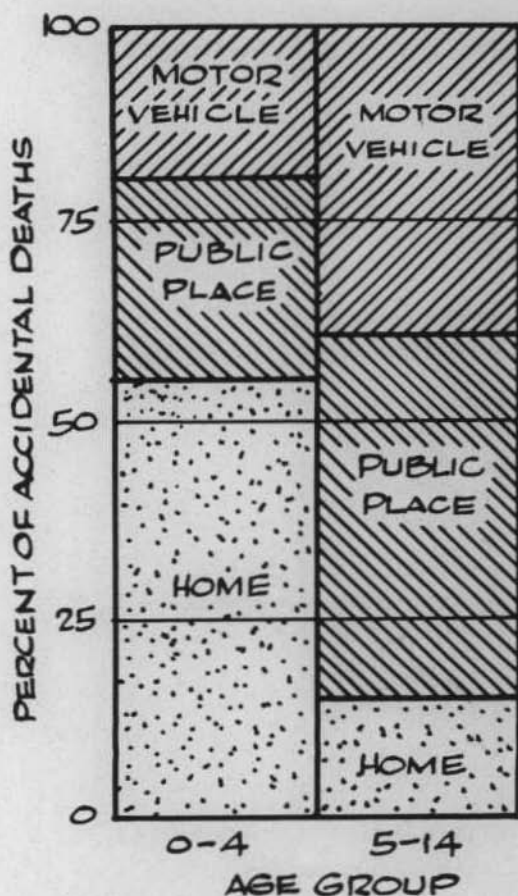
1. Parents must be educated as to the dangers of kerosene taken internally by small children. Only little tots drink kerosene, and when they do, it is through adult carelessness.
2. Legislation should be enacted so that all containers, except large drums, containing kerosene or other volatile oils, would be labeled with a poison symbol and the words "Poison when taken internally".

Incidentally, as a commentary on the above, it has not been too many years ago that many children were burned internally, or died, from the effects of eating lye. After legislation was enacted to put poison labels on

cans of lye and a vigorous campaign was waged as to its dangers to small children, the number of children who had access to it dropped sharply, and rarely does one nowadays see a child

who must be fed through a tube leading into the throat, or who must undergo long and painful treatment or surgery of the esophagus (tube to the stomach).

DISTRIBUTION OF ACCIDENTAL
DEATHS BY MAJOR COMPONENTS
& AGE, FLORIDA, 1953.





► *Firearms and ammunition are among the leading causes of death and injury to children. This unlocked drawer is a perfect "booby-trap" for the curious child.*

Take Note!

If you have a child or work around children, you may wish to know about "The Universal Antidote". If a child has taken internally any substance that is poisonous, give him at least two tablespoons of the following mixture in a little water. You can make it up yourself or have a druggist do it. Keep a bottle of it on hand.

The Universal Antidote

- 2 parts pulverized charcoal
- 1 part milk of magnesia
- 1 part strong tea

And, of course, if you feel there is any cause for alarm, you will immediately take him to the nearest hospital emergency room, or to a physician. If neither of these resources are available in your locality, get the child to vomit if possible. Give him a glass of milk with an egg dropped in it, then put your finger down his throat to make him vomit. The milk and egg will combine with some poisons. "The Universal Antidote" will help to quickly counteract the effects of many others.

Give a Thought to Aspirin

The frequency in which aspirin is involved in childhood poisoning deserves a few lines in this issue of Health Notes. Since it is one of the most common drugs used for self-medication, it is frequently apt to be left where small children can get to it. And with the development of pleasantly - flavored "infants" and "children's" aspirin, it has become even more of a temptation for young children to eat it in quantity.

Physicians have recommended that:

1. The labels on all bottles of aspirin should bear a warning label, such as "Keep out of the reach of children," "Put in a

safe place," "Consult your physician on dosage for children under three years of age."

2. Aspirin should be packed in containers so as to make access to the bottle more difficult for little fingers: perhaps with an automatically closing top—one that releases only one tablet at a time.

/ / /

Definition of an accident—an event that takes place without one's foresight or expectation, especially one of an afflictive or unfortunate character.

/ / /

Home area accidents claim more children's lives each year than polio, pneumonia, heart disease, cancer and tuberculosis . . . more than any disease, and even more than traffic accidents.

War Games Fatal To Boy

NORTH SACRAMENTO, Calif. (AP) —War games which erupted into deadly action proved fatal to a young boy here today.

The boy's brother, 10, told firemen:

The boys were playing war games, using a small shed containing gasoline, kerosene, paint thinner and paint as their ammo dump.

Suddenly there was a fire. The brother thought he kicked over a can of gasoline in scrambling out.

The victim was trapped inside.

Firemen found a fireworks cap which they presumed started the fire.

Ways to Protect Small Children:

Up To 6 Months —

Begin to wiggle and roll from side to side.

Keep sides of crib up. Should not be left alone on ordinary bed.

Suck on toys, crib slats, etc.

Avoid having small objects near their reach. Do not use lead paints on crib.

They are helpless in water.

Should never be left alone in the tub at any time.

Around 12-15 Months —

Are eager to examine the world around them.

Have gates at the head and foot of stairways.

Like to poke and probe.

Unused light sockets should be taped or capped. Electric fans and heaters should be out of reach. Bureau drawers with anything dangerous in them should be locked.

Will put anything in their mouths.

All household poisons, medicines, pins, buttons, needles, etc. should be put away.

Are curious about many things, especially those higher than their eye level.

Lift them up occasionally to satisfy curiosity. Tablecloths should not hang over the edge of the table. Put containers of hot food and liquids in the center of the table out of their reach, and keep pot handles parallel with the front of the stove.

Around 2 —

They are adventurers. Can turn a door knob.

Doors that open to danger should be locked.

Take things apart and fit them together again.

They love to play in the kitchen with pots and pans and cardboard boxes. These are safe. Put knives, electrical equipment, matches out of way.

They climb on to things.

They should be protected from falls. Windows should have guards on them. Screens need to be firm and securely fastened.

Car doors should be locked.

Like to play in and with water.

Pools, ponds, cisterns should be fenced in or covered over.

Around 3 —

Have greater self-control; sure and nimble on their feet. They hurry up and down stairs.

Stairs should have strong rails for support; be clear of objects; should not be waxed.

Enjoy cooperative play with others.

Toy wagons and trucks should be strong enough to bear the weight of several children.

Are proud to run simple errands.

But should not be asked to cross the street or carry a knife or heavy glass containers.

Can take verbal direction.

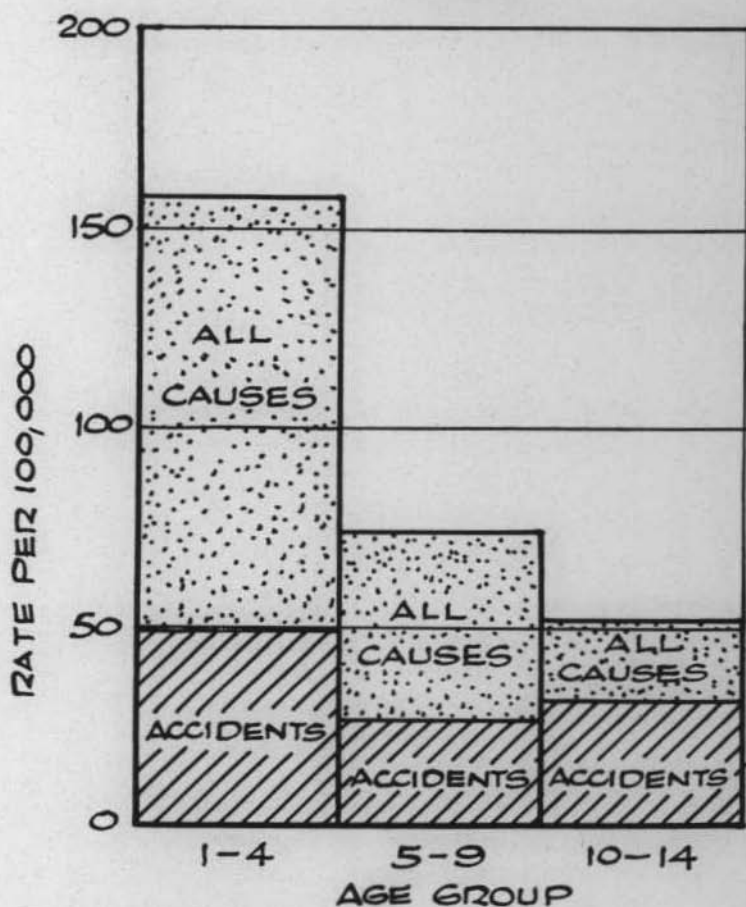
They should keep the floor clear of their toys and other objects.

Around 4 —

Cover a lot of ground—in all directions.

They can ride tricycles; should be taught to ride on the sidewalk and to watch for cars in the driveway. They are much safer on a play ground or enclosed play area. Should be cautioned not to dart in the street or driveway after a ball.

DEATH RATES BY AGE ALL CAUSES &
ACCIDENTS, FLORIDA
1953





► A fence around the swimming pool, complete with locked gate, could help erase another peril for the wandering toddler who has strayed away from mother's watchful eye for a moment.

► When Junior tries to use daddy's big saw to cut a plank down to size, he is running the risk of picking up an injury that may mark him for the rest of his life. A toy tool set would be cheaper — and safer.



The Florida Crippled Children's Commission Says:

During 1954, 7615 children received service under their program. At least 659 of these were treated for handicapping conditions due to accidents of all types:

Under 1 year	3
1-4 years	66
5-14 years	382
15-20 years	208

It should be remembered that some of the children in the older age group are receiving treatment for injuries suffered at a much earlier age. As one example, of the 659 children mentioned above, 204 were burn cases. These children often undergo prolonged treatment in an endeavor to make them able and presentable enough to lead normal lives.

"Everything happens to Mary"

You've seen children (and adults) who seem to be continually having accidents. This phenomena has been getting an increasing amount of attention from doctors, though a survey done over 30 years ago showed then that 20 per cent of the population have over 50 per cent of the accidents. A person who has repeated accidents may be said to be "accident prone." There are many interesting theories offered as to why this is so—but the experts seem to agree on several approaches to the problem:

1. Anyone who seems "accident prone" should have a thorough physical examination with emphasis on vision, hearing and bone structure. A neurological (nervous system) examination might also be indicated—to see if his reflexes are normal, etc.
2. Your physician may further recommend that the child be seen by a psychiatrist or that psychological testing be done. There are children who feel rejected; others may feel jealous of another brother or sister and find that to be the vic-

Woman's Car Rolls In Drive, Kills Grandchild

An 11-month-old boy was killed in his front yard yesterday when a car driven by his grandmother rolled down a slight grade and crushed his head and chest.

The child died soon after reaching the hospital.

His grandmother was returning from her home in Valrico with the family's other child, a 2-year-old boy, at the time of the accident.

An investigating officer said a toy rattle was found where Stephen dropped it as the automobile tire pressed his face downward in the soft sand.

The child's mother saw the accident from the porch of the home.

The officer said the driver cut off the motor of the car, which was out of gear, and it coasted forward when she reached to get the other boy out of the car. The car stopped against a hedge after rolling 15 feet. One tire fractured the boy's skull, the other passed over his chest.

tim of an accident is one way to get attention. And truly these children often need expert help just as much as those with defective vision or impaired hearing.

3. It is sometimes discovered that a person may be having very slight attacks of epilepsy (petit mal) in which he loses consciousness for only a few seconds—but may have an accident during that short a time. Your physician may wish to investigate this possibility also.

4. The surroundings in which the child lives and plays should be investigated. Maybe he is living in a home in which there are many safety hazards—and it is the parents who must be helped to realize they are there — and to correct them.

5. A doctor, when treating a child for an accident, can do much to instruct the parents *right then* as to how they can prevent further mishaps.

Tots Die In Ice Box

EAST ST. LOUIS, Ill. (UP) — Two three-year-old children died today after being trapped in an abandoned icebox, and police said a warrant would be served on the owner for possessing a hazard.

Police said a warrant has been issued for the icebox owner's arrest. He will be forced to make bond, police said.

You may not realize it but *your home* very likely is full of dangers for small children. A small child can get a fatal shock by sticking a pin into an electrical outlet, or by handling a frayed electrical cord. He can kill or maim himself with kitchen knives, ice picks and other implements . . .

From the moment of birth, until at the age of 10 to 14 months when it can dodge a little, the infant is at the complete mercy of the people around it. It must be given 100 per cent protection from being dropped, being allowed to fall, having objects dropped on it, hot liquids spilled on it, dangerous objects placed within its reach, and being placed in potentially fatal environments.

What Can Be Done?

Every child has some accidents while growing up. We do not have any perfect formula for preventing accidents and we know that there will probably always be an irreducible number. But many children's accidents can be prevented! Our children should not be permitted to burn, drown, poison or mangle themselves!

The ultimate responsibility for the prevention of children's accidents *rests on the parents*. They must have:

1. The foresight to anticipate their child's interests — and consequent dangers.
2. The "know-how" to make the home safe for their child.
3. The desire to thoroughly educate their children about safety hazards.
4. The ability to control their children so that until a child reaches the age of reason, he will obey his parents—especially in time of danger.

An infant requires complete protection—which must serve where reason cannot. As he grows older he



► Poisons, such as insecticides, ant paste, paint removers and thinners, can turn your garage into a storeroom of death for children too small to read the warning labels. Store them safely out of reach.

must have sufficient education so that when he is ready to leave the home to play or go to school, he is ready to deal with all except the most unexpected hazards. A child must be taught to do safely all he wants to do and is capable of doing. For example, a child at the age of 5 is entering a new world. A continuously extending reach and stride puts matches, poisons, electricity and machines within his reach and streets, roads, ponds, caves and the carelessness of neighbors within his range. So parents must prepare their child with all the knowledge and experience he can absorb.

A child learns:

1. By example of his parent, older brother or sister or hero.
2. Through supervised and planned experience.
3. Least effectively, by command. A constant barrage of: "Drop that!" "Stop that!" "Why are you so bad!" is not education.

So it well behooves us adults (and older children, too) to think well how we teach our children about how to prevent accidents. Do you know the facts about children and accidents in your own community? You need to know if you are—

A physician (especially a pediatrician) who can teach parents how to protect their children.

A nurse (especially a public health nurse) visiting in homes and schools.

A nursery school or kindergarten teacher who has contact with many small children.

A member of any organization interested in the welfare of children, such as:

Local chapters of the National Safety Council
Children's Committees
Parents Teachers Associations

County Health Departments Police Departments

Designers and architects who are interested in building safety into homes: locked storage areas, safe kitchens, bathrooms, etc.

Let us all get together to help our children in a planned program of education aided by the spoken word, the printed line and the visual aid.

† † †

One to three years is the age of new found ambulation and indefatigable exploration . . . the dangers are legion. This young child must be given 100 per cent protection against major dangers, but he must be skillfully exposed to minor ones. The value of the disciplinary "No!" must not be dissipated on attempts to achieve inconsequential social graces. At the very onset, this trying period must be marked by educational rather than teutonic discipline.

Infant Is Drowned Near Samoset Home

SAMOSSET (AP) — A 14-month-old boy drowned in two feet of water in a hole in his backyard here yesterday while his father was helping build a house a few feet away.

The child was playing while the father worked. The father missed him and found him in the hole.

*A match flames up
So hot and bright
Teach your child
To treat it right.*

† † †

*What disinfects and kills insects
And cleans the home so neatly
To little boys 'n' girls is poison,
Keep out of reach completely.*

Consider the Month's of the Year

January—Lots of colds around

Give thought to proper storage of medicine

Check your heating pads

February—Children play indoors

Be sure lye and bleach are out of children's way

March—Good kite weather

Watch out for kite lines on electric tension wires.

April—Spring is coming

Keep sprays, ant paste and pest killers locked up

May—Time to dig

Teach children to have respect for garden instruments

June—Swimming time is here

Give special attention to fish pools and lily ponds when there are toddlers around

July—The 4th is a big day

Fireworks still take their toll

August—Harvest coming in

Remember dangers of hot pots and pans, sharp knives to toddlers

September—Another school year

Caution children about playing in driveways and running in streets

October—Fall is here

Make sure your heating equipment is safe

November—Hunting time

Keep guns under lock and key—never leave them loaded

December—Magic time!

Christmas tree lighting should be checked.

Watch out for dangerous toys.

Playtime can be fun for both mother and baby, provided he is in a safe spot—a play pen is best. Give toys that suit his age: soft balls, rag dolls, rattles. The rattles should be unbreakable and not of celluloid which is highly explosive. Avoid those containing stones or shot. If the rattle is broken, these are easily swallowed. Inspect toys for removable parts such as wheels or shoe button eyes that he could rip off and swallow or choke on. While teething he will chew on everything he sees, therefore his toys and furniture should be colored with a nonpoisonous paint.



Tot Playing With Pistol Shot Fatally

A four-year-old Jacksonville boy was shot fatally shortly before noon yesterday when a .22 caliber target pistol he and his brother were playing with accidentally fired.

The child was reported dead on arrival at the hospital.

Sheriff's deputies said the victim and his brother found the target pistol in a closet at their home.

The boys took the weapon to a rear bedroom and while they were playing with it, the gun fired. The bullet entered the boy's chest and passed through his body, police said.

The boy's mother was in the kitchen when the shooting occurred.

Here's More Help

HERE ARE SOME PAMPHLETS on children and accidents that you might like to request from their respective companies:

YOUR CHILD'S SAFETY

Farm Bureau Insurance Co.
246 N. High Street
Columbus 16, Ohio

A FORMULA FOR CHILD SAFETY FIRST AID

Metropolitan Life Insurance Co.
Health and Welfare Division
1 Madison Avenue
New York 10, N. Y.

SAFETY—YOUR CHILD'S HERITAGE

Prudential Insurance Company
P. O. Box 4579
Jacksonville, Fla.

TRULY YOURS CONGRATULATIONS

National Safety Council
Education Division
20 N. Wacker Dr.
Chicago 60, Illinois

FILMS

Clubs, organizations, churches, schools and the like may borrow 16mm sound films from the Florida State Board of Health. Some of those in the Audio-Visual Aids Library are:

SAFE LIVING AT SCHOOL—10 min. A tour of a school to note the safety factors.

FIRST AID—10 min.

LIVE AND LEARN—10 min. Playtime safety.

ONCE UPON A TIME—10 min. Cartoon style about street and highway accidents.

SAFETY BEGINS AT HOME—10 min. Title is self-explanatory.

FLORIDA STATE BOARD OF HEALTH

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JACKSONVILLE, FLORIDA

HON. LEROY COLLINS

Governor of Florida

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Division of Heart Disease Control

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Bureau of Maternal & Child Health

R. W. McComas, M.D., M.P.H.

Bureau of Mental Health

R. W. McComas, M.D., M.P.H.

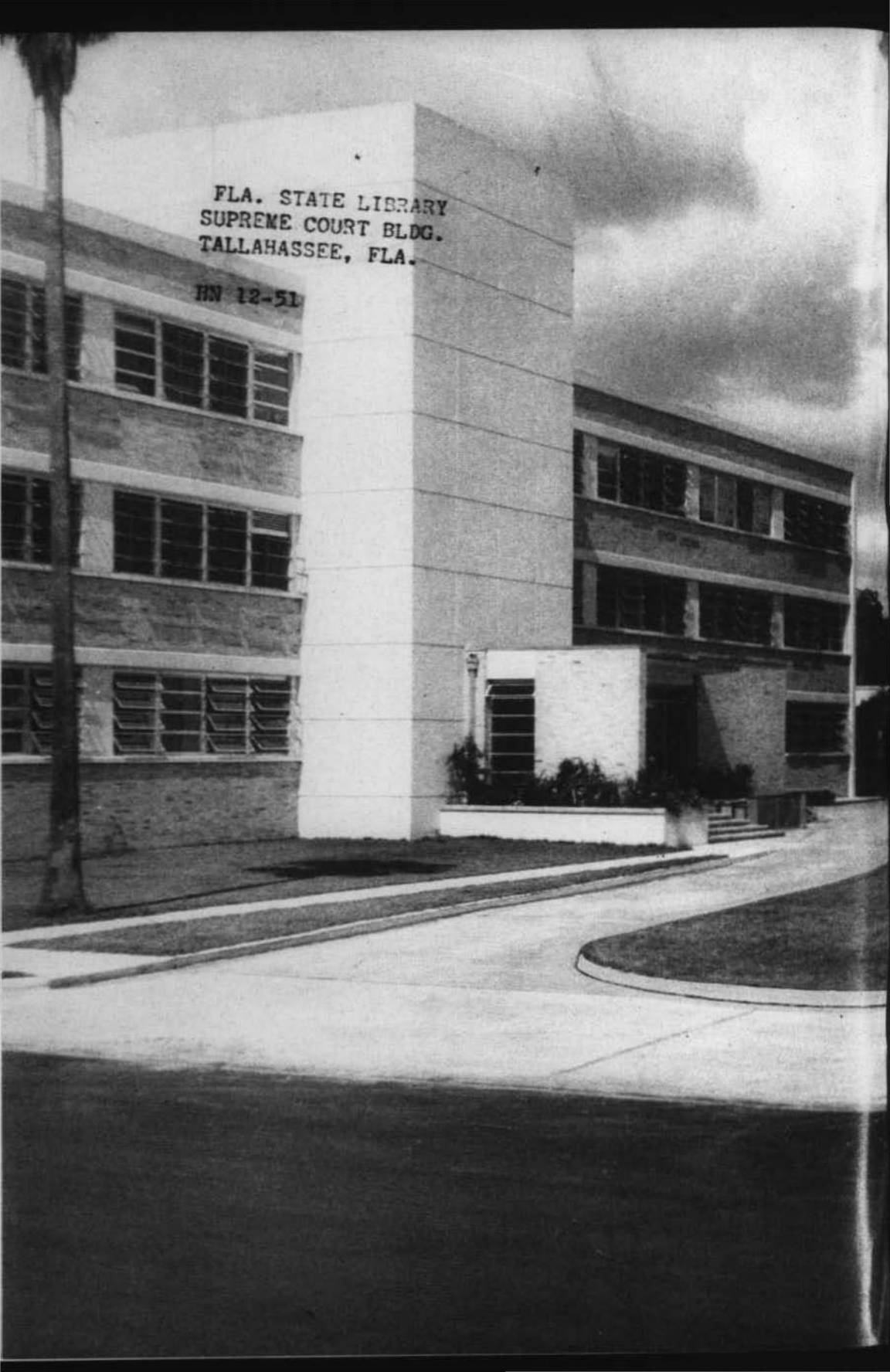
Acting Director

Bureau of Entomology

John A. Mulrennan, B.S.A.

All Counties in Florida have organized county health departments, except
St. Johns County

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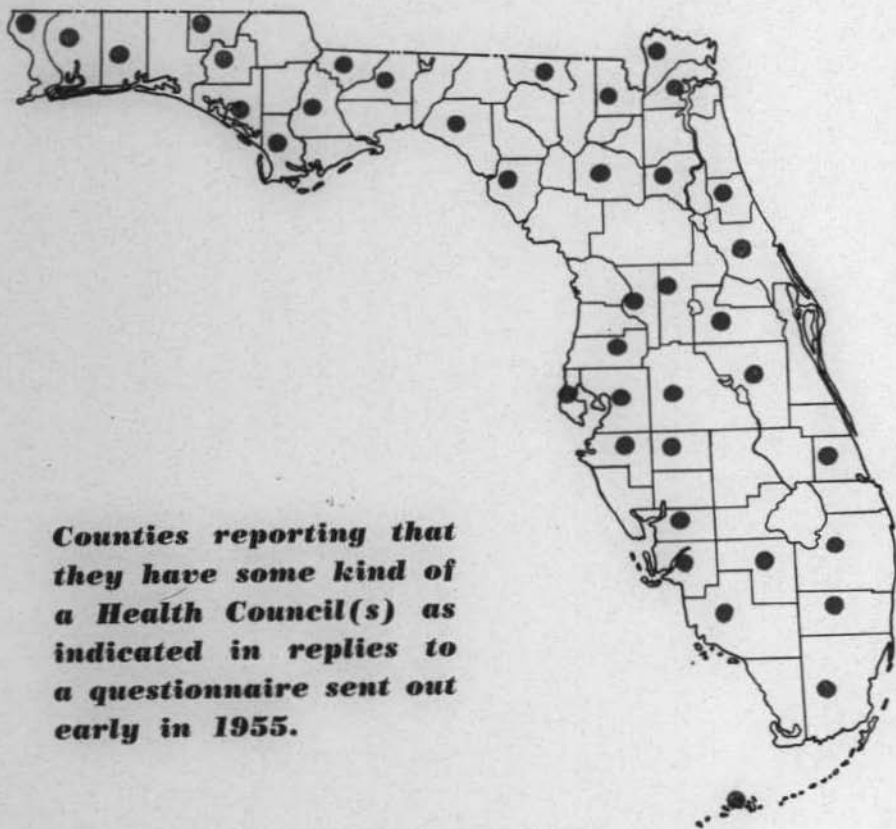


October
1955

Needs ♦ Councils ♦ Action

Vol. 47
No. 8

FLORIDA STATE LIBRARY



Counties reporting that they have some kind of a Health Council(s) as indicated in replies to a questionnaire sent out early in 1955.

Needs ➡ Councils ➡ Action

The Governor's Citizens Committee on Public Health strongly recommends that a Citizens Health Council be constituted in each county (with the encouragement and advice of the State Board of Health) to advise with the local health officer on policy and procedure in meeting local health needs, and, in turn, interpreting these health needs to the public.

(From the Preliminary Report of the Governor's Citizens Committee on Public Health, Mar. 10, 1955, Tallahassee).

What Is A Health Council?

It is an organization through which all interested groups and individuals can study and plan together to improve the health of their community.

Why Have One?

1. To determine the most important health problems and needs.
2. To find out what is already being accomplished.
3. To see where additional effort is needed.
4. To facilitate joint action where necessary, and to reduce duplication of efforts.

5. To develop a long-range community health program.

How Do You Start One?

Any organization or any individual can start action on a health problem by discussing it with others. Subsequently, after a number of people have been made aware of the problem, the individuals and organizations interested may be called together to plan for organized effort.

Every community has many individuals, and organizations interested in health improvement. One is the County Medical Society. It has been said that this society should serve as "family doctor to the community" much as its members serve as advisors to individual families. The County Medical Society is a source of advice and guidance in activities of a medical health nature.

Other voluntary health agencies who can help are the Dental Society, Nurses' Association, Tuberculosis and Health Association, Cancer Society, Polio Foundation, Crippled Children Society, Mental Health Association, etc., all of whom devote most of their time to health matters.

FLORIDA HEALTH NOTES

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Many organizations and agencies devote a large part of their program to health and may be counted upon to participate: Agricultural Extension Service, Parent-Teacher Associations, Churches, Schools, Lodges, Veterans Organizations, Civic Clubs, etc.

Official agencies such as the Board of Health, Health Department, and County Commissioners should be included in the council.

★ ★ ★ ★
People solve their problems in many ways . . . they do not lightly put aside plans they have helped to make . . . Here are the stories of some Health Councils in Florida:

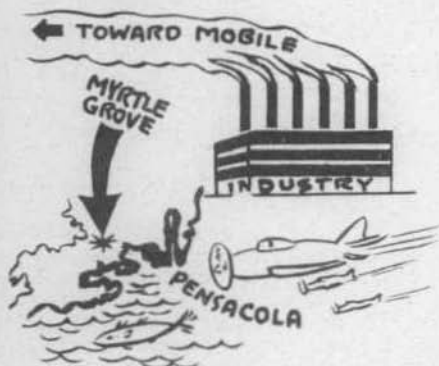
IN MYRTLE GROVE

ONE OF THE public health nurses on the staff of the Escambia County Health Department had been working for three years in the Myrtle Grove School. (Myrtle Grove is a small unincorporated community that was once highly rural. With the growth of Pensacola, it is now really a fringe area of that city, but still retains its rural flavor). At the end of the school year in 1951 she sat down one day to review the school health program that had been carried on in the school. She couldn't see many outstanding results, even though she had given much of her time and sincere effort to this school. Suddenly—as she sadly contemplated the situation—she realized it took more than one person, or several persons, to do the job. She turned to the health educator on

the staff of the health department. What could be done? It was decided, after a conference with the county health officer, to investigate the possibility of organizing a local Health Council. They got together with the principal of the school and the president of the PTA. A date was set and representatives from a number of civic groups were invited to meet at the school to consider the health problems of the children—and adults—in the Myrtle Grove area.

At that meeting there were representatives from the Men's Club, Woman's Club, Garden Club, Mother's Club of the Little Flower Parochial School, Methodist and Baptist churches, Boy Scouts, PTA and of course, the public health nurse and sanitarian for that section, and the health educator. The people present expressed much interest in the idea of a Health Council and formed themselves into such a group. At subsequent meetings they decided to work on three health programs for the coming year. They were:

1. A community cleanup campaign



2. A mosquito control program
3. A long-range dental health program

A time for the "clean up" was set and the entire community entered into it with enthusiasm. Homes, schools, churches and club houses got rid of trash around their premises. Trucks were secured and Boy Scout attendants volunteered to pick up any trash that was stacked in front of any home or building. Handbills were printed, giving the dates of "pick ups." (The Health Council was mentioned on the handbills). The School Board furnished paint and some of the rooms at the school were painted. Garden club members planted shrubbery around the schoolhouse and club house. And while all this activity was going on each grade was busy with some phase of the "clean up" program—from personal hygiene in the first grade to hookworm projects in the sixth grade. There was a great deal of pride in the childrens' voices as they pointed out the six new sanitary pit privies that had been built as a result of the hookworm study. There was a rash of "A's" in Health on report cards.

Next came the mosquito control program. There were several stagnant ponds and mosquito breeding places in the community. The sanitarian spoke before both the Men's and Women's Clubs and they agreed to finance a fogging program for the year. (It's still going). Since the organization of the Health Council, hundreds of homes have been built in the area

and the Health Council has made every effort to keep the community informed about proper garbage disposal, land fills and drainage.

The dental health program has been very active. Dental Society members make dental examinations and frequently give talks which are often accompanied by films. The dental examinations are done on the first and second grade children each year. A dental committee was formed within the Health Council. If parents could not afford dental care, free or part-pay service was arranged for many through the Dental Society. Financial assistance from the Health Council came from a busy committee which sponsored fish fries, cake bakes and other money raising activities. At the same time, a dental health education program was encouraged in the schools. Toothbrushes were even purchased for those children who did not have one. School lunch room personnel are members of the committees since nutrition has a bearing on many aspects of health, including good mouth health.

What else has the Health Council done? It has stimulated community interest in the county-wide garbage, nursing home and child center laws. It has promoted programs on Civil Defense, the Red Cross and Home Nursing classes. Council members have assisted in a venereal disease survey and a mass chest-x-ray program, including presenting the public with the facts prior to the actual testing. One of its most interesting experiments was a community clinic.

After it was set up volunteers from the Health Council helped to operate it for a trial period of one year. At the end of that time the clinic committee of the Health Council recommended that the clinic be closed as it was not one of the more pressing health needs of the community.

The Myrtle Grove Health Council is now four years old. It has a constitution and by-laws, an active membership and meets ten times a year. (A representative attends the meetings of the Health Section of the Community Council of Escambia County). The Health Council membership has a very strong feeling that there are many jobs yet to be done in the field of health and safety. Its members believe that they can contribute by:

1. Coordinating as far as possible the work of all organizations concerned with public health problems that affect Myrtle Grove.
2. Stimulating interest in educating the general public about health problems and how they can be solved.
3. Studying their own health problems and developing community health programs that will meet the needs of their people.

LAKE COUNTY HAS SEVERAL

LAKE COUNTY first had a Health Council 30 years ago.

If you are interested in having a Health Council to serve your community, the people who have worked in the Lake County Councils suggest that you get an organization like the local Tuberculosis



and Health Association or a Women's Club to sponsor it.

The sponsoring group should make personal contacts with local leaders and ascertain if they are interested in the formation of a Health Council for joint action:

- to pool resources
- to fill gaps in service
- to prevent overlapping of services
- to serve as a sounding board for new programs
- to aid in understanding the over-all health picture in the community
- to aid or supplement work of the official health agencies.

Who should belong to a Health Council? Representatives from any interested group—civic, church, social, fraternal, professional, or just individuals who have a deep interest in health and a concern for the welfare of the people in their community.

The organizational notes of the Lake County Health Councils state that "A Health Council should:

be democratic
have local rule
have no dues
meet once a month or when
expedient
hold luncheon meetings
(Everyone has to eat!)
vary its work to meet specific
needs."

Representatives from the Health Department, Board of Public Instruction), the Welfare Office, and the TB Association attend the Council meetings in each locality.

Since the Health Councils in Lake County have actually given service in numerous ways, they are functional as well as coordinating agencies. That seems to be the secret of their success. They have rendered a real service in the county by pinpointing problems and helping to resolve them.

The Lake County Councils have assisted in such projects as sight conservation, first aid rooms in schools, nutritional programs, securing a health department, citrus juices for schools, hookworm eradication, dental health projects, and x-ray surveys.

All the Councils have the same general objectives, but minor variations in organization are adapted to meet the varying needs of different communities.

► **LEESBURG:** The parent Council, is also the largest, started in 1925. It has had representatives from as many as 31 organizations. Each organization pays for the lunch of its representative for the 9 meetings a year. This Council recesses during the summer months.

Since its inception, this Council has had far-sighted leadership, and many constructive activities have been carried on by its member organizations. The County Health Department was one of its early objectives, and the date of its establishment might have been delayed a number of years had it not been for the ground work laid by this Council.

► **TAVARES:** Meets at night in the school cafeteria. This was the second Council formed and has been a vital one. The Council was the motivating force in securing full community support for the planning of a clinic building and the securing of a doctor for the community.

► **MOUNT DORA:** This Council is unique. It has a revolving fund that is contributed yearly by the member organizations. Smaller ones contribute \$25; larger ones, \$50. Each representative pays for his own lunch. This Council meets during the summer by mutual consent. For several years, a proposed home for the indigent aged has been a continuing project. This Council was instrumental in securing the interest of the other Councils in such a home and having the project accepted by the County Commissioners. An Enabling Act was passed by the 1953 Legislature, and the county levied one mill the following two years to raise funds to help build this home.

► **MASCOTTE:** This Council has assumed leadership in this community (population 440) for civic

and health affairs. Meetings are held at night—a covered dish community supper. Everyone comes. An offering each month keeps money in their treasury. The money is used for school lunches, doctors' bills, eye examinations, glasses and the like.

► **CLERMONT:** Several years ago (1949) this Council became inactive because the purpose was not clearly defined when it was organized. Instead of the member organizations volunteering to meet the needs of the community, the Council attempted to make the decisions. This Council was reactivated 3 years ago. It is now an effective clearing-house Council. They have no set time for meetings. A meeting is called when they have a situation that warrants one. This Council does a proficient job at Christmas time with joy baskets of food and toys.

► **EUSTIS:** This is an energetic group. They have been especially interested in the underprivileged child. Member organizations participate in the lunch room program at the schools by furnishing free meals and free milk. This Council has been interested in a county-wide dental project for children.

► **GROVELAND:** This Council was organized over 6 years ago as were all the Councils, (with the exception of Leesburg and Tavares), by the Lake County TB and Health Association.

► **UMATILLA:** This Council has been inactive for 2 years; however, a number of local citizens have asked for help in reactivating it as

they feel there is a definite need for such a council in their community.

Even though the Health Councils of Lake County are a loosely knit organization, they have served a useful purpose and have stood the test of time. Today their combined membership is a potent force for improved health in their communities.

THE JACKSONVILLE BEACHES

Work Together

THE HEALTH COUNCIL of the Beaches consists of prominent citizens, residents of the various beach municipalities, who are sincerely interested in promoting better health and sanitation for their communities. The Health Council was established in November 1938 and through its activity and support, it was possible to inaugurate a program of public health much earlier in this part of the county than in any other section." So reads a statement in the Duval County Health Bulletin issued in 1939. But before this date, around 1936, there had been interest expressed in a Health Council by persons who were formerly of the now-defunct State-wide Public Health Committee. The Beaches Health Council was only the first of several councils (which were once welded into the Duval County Executive Health Council) sponsored by the Duval County Health Unit and community groups in Riverview, Baldwin, Arlington, Mandarin, Westconnett, Marietta and a Beaches Colored Health Council. The majority of



these councils are still actively functioning. Unfortunately, we have only space at this time to consider one Health Council—The Beaches.

The Health Council was formed only one month after the Duval County Health Unit formally came into being, though the latter's formal opening was later—January 1939. From the beginning the avowed purpose of this Health Council was to foster public understanding and knowledge of local health problems. This has been done through the years by study and backing of desirable legislation concerning health matters, and by active lay participation in health projects at the Beaches.

Sparked by the County Health Officer and the local public health nurse a health center was set up in January 1939 at the Beaches. Through the years interest built up so that the Beaches Health Center of the Duval County Health Unit is now housed in its own modern building which is well equipped and furnished. The funds for construction were raised by popular

subscription and the equipment and furnishings were supplied by interested civic organizations. Here the general Public Health activities are centered—Maternal & Child Health—Dental Health—Venereal Disease—Vital Statistics and Food Handlers' clinics as well as X-Ray facilities and a place for Health Council meetings.

The public health personnel, who represent the Duval County Health Unit at the Beaches, have been the stimulating factors during the years. It will be found in many instances, throughout Florida, that public health nurses have sparked the formation of Health Councils, born out of an urgent desire "to help their people."

Many groups have been active in the Beaches Health Council. They have sent their representatives to meetings, paid dues, set up their constitution and by-laws, acted on various health problems and listened to many speakers on health subjects.

It is impossible to remember all the many groups at the Beaches who have contributed to the success of the health program there, through the Health Council, but here are a few and some of the things they do:

1. Junior Women's Club
Well baby clinic — volunteers, dental program, equipment, supplies and assistance.
2. Senior Women's Club
Welfare program
3. Junior League
Clerical work
4. The Lions Club
Vision correction

5. Rotarians
Medicines
6. Jaycees
Mosquito control and garbage disposal
7. Many Church groups
Clerical work, loan closet, etc.

In addition to these activities, there have been surveys to discover hookworm infestation and loss of hearing in school children; and the incidence of venereal disease; general sanitation; campaigns to stimulate food handlers getting health certificates; investigation of ways to better water supplies; the establishment of Mosquito Control District; land fill methods of garbage disposal—and many others.

How have they kept their membership interested and active over 17 years? They sum it up as follows:

1. Let the public know what's going on at all times.
2. There are always health needs—let the public know and decide how to meet with the help of professional public health people.
3. Work together with enthusiasm for the common good.

THE LAKE COMO SCHOOL

Has One, Too

THE PRINCIPAL states:

While reading Bulletin 4D, 1953, "A Program of Health Services for Florida Schools", I found the statement that a Health Council could help improve our health

program and assist in solving many problems which are common to most schools.

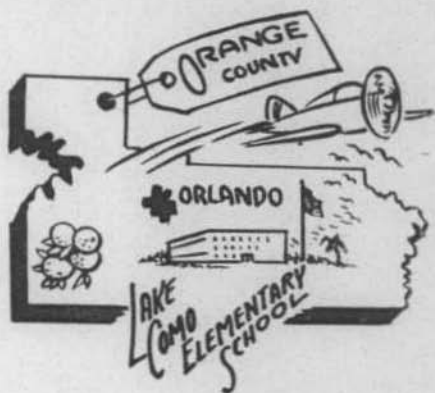
During our 1954 preplanning session with teachers a faculty chairman of health was elected as are other faculty chairmen for the library, safety, devotions, social, cheer, lunchroom, Red Cross, Civil Defense and others.

The faculty health chairman studied Bulletin 4D and then asked the PTA health chairman, PTA preschool chairman, school lunchroom manager, head custodian, school nurse, physical education director, faculty safety chairman, faculty student council sponsor and school principal to be members of the Health Council. Copies of Bulletin 4D were secured for each member of the Council. The Orange County Schools Health Coordinator met with the council for a study of this Bulletin.

The Health Council arranged for the director of Orange County Health Department to talk with the faculty on health services available through his Department, and also what teachers can do to improve the health program of the school.

The PTA health chairman also arranged with the PTA program committee to devote one meeting to a health subject which concerned all parents: polio. The Health Council assisted in securing people for this panel.

Plans were made to improve our accident reporting by having the monthly accident reports studied by the Health Council. The captain of the safety patrol and the chairman of the student body were in-



vited to help with the evaluation of these accident reports. After this study, definite recommendations were made how to cut down on the number of accidents.

The custodian cooperated in helping remove playground and building hazards. The physical education director found where more instruction in certain safety factors in playing games was advisable. Each member of the Council contributed an important part without anyone suggesting that a certain individual should be responsible for making corrections. Students and teachers held class discussions on ways and means of reducing accidents and gave suggestions to the faculty health chairman. These were shared in a report read over the public address system once a month.

A card file on available health films is being made up for our Materials Center.

This year the Health Council plans to continue work on the problem of drainage at the intersection of two county streets near the school.

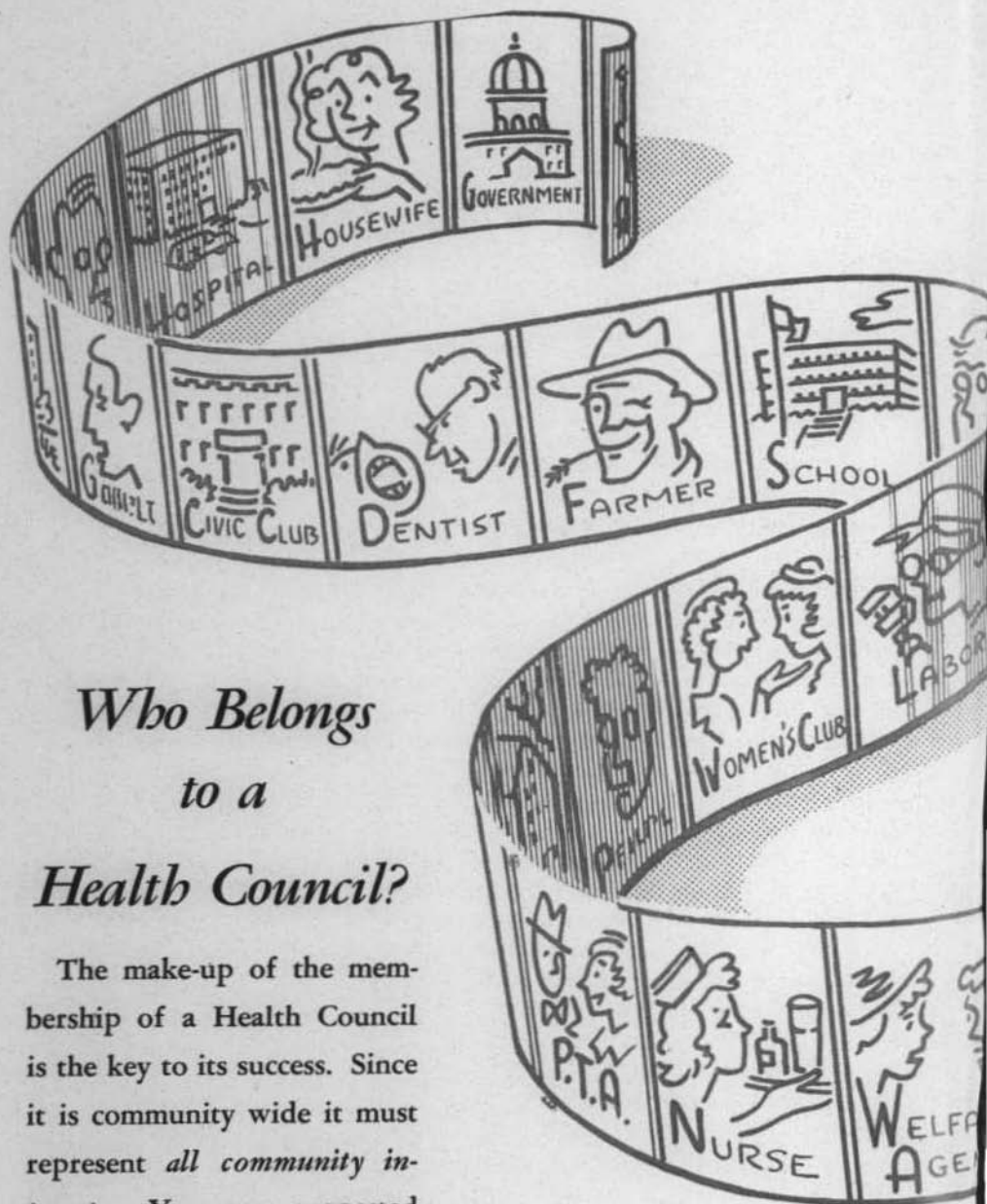
We feel that the Health Council renders a great service to us and find that it has been of great value to our school and community.

BIG CITY COUNCIL

Dade

THE HEALTH COUNCIL DIVISION of the Welfare Planning Council of Dade County has had the unique experience of starting out as an independent community organization which was entirely separated from any other planning group. Later it accepted an invitation to affiliate with a larger community health, welfare and recreation planning council which was supported by the Community Chest. In this later development the Health Council became a sub-division, with an opportunity of participating in joint projects with many more agencies in the same or allied fields, together with the advantage of professional staff service.

The Dade County Health Council was proposed in 1949 by leaders of the Miami Woman's Club. The proposal itself was the outgrowth of a committee appointed by the president of the club. The committee was authorized to make a survey in order to determine and recommend to the membership a special project for meeting an outstanding community need. After several months of consultation, interviews and conferences with many health agencies—both official and voluntary—including the Health Department, hospitals, med-



Who Belongs to a Health Council?

The make-up of the membership of a Health Council is the key to its success. Since it is community wide it must represent *all community interests*. You see suggested groups in the drawing.

What's In A Name?

People getting together to work on the health problems of their community call their organizations by many names. The name is unimportant; what the group *does*, is important. Here are what some organizations are called:

Health Council

Health Committee

Child Health Committee

Health League or Federation

Council of Social Agencies

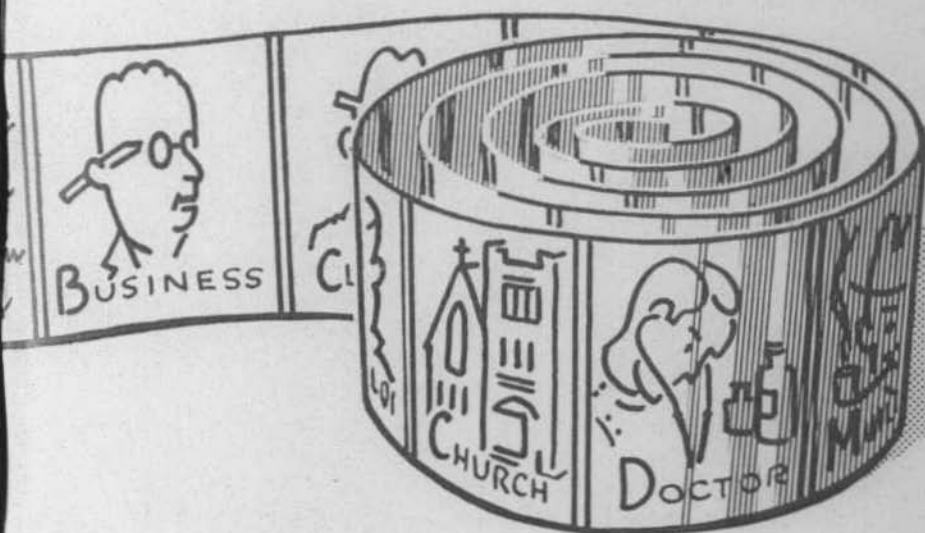
Community Health Council

School Health Council

Citizens Advisory Health Council

Community Coordinating Council

Community Health and Welfare Council





ical and nursing organizations, civic and welfare groups, it was decided that a coordinating and planning body interested in health problems was the important special project for the membership to initiate and sponsor. As a result, the Dade County Health Council was organized in January 1950.

From the very start, the membership included all the leading voluntary health agencies; the Health Department, the Dade County Medical Association, the nursing organizations, hospitals, (public and private) civic groups and all community organizations having a desire to promote the health of the people of Dade County. Also were included many of the women's clubs who were members of the Federation as well as most of the business and professional women's clubs. In addition, there were individual members who, while representing no organization officially, had a deep interest in community health. The membership thus included both lay and professional people, and every effort was taken to maintain a balance between these groups.

During the first few years, the Health Council probably rendered its greatest service in providing a means for the health agencies to sit down and become better acquainted with each other's programs, aims and services. Over a long period of months, covering several years, agencies and institutions were invited to the regular monthly meetings to explain their work and problems, and to answer questions. This brought immediate results along two lines: it served to eliminate misunderstandings and also pointed out the necessity for elimination of duplication of services in some areas.

During this early period, steps were also taken in the nature of long-range planning and projects. A Directory of Health Agencies was compiled and kept up to date; the Health Council has supported coordinated plans for extending health education facilities; and has laid the groundwork for an inventory survey of existing health resources of the community.

In addition, the Health Council has been eminently successful in supporting several community projects, many of which were completed after joining the Welfare Planning Council. Among these were: (1) publicizing the needs for more clinical facilities in the Health Department; (2) the support of bond issues for sewage disposal; (3) drafting a Bill providing for a Medical Examiner in Dade County, which passed the 1955 Legislature without amendment; (4) a Citizens Advisory Committee to assist the Dade County Commission in the appointment of the

Medical Examiner was designated on the recommendation of the Health Council; (5) investigation of the problems in connection with multiplicity of fund-raising solicitations by many agencies; (6) investigation of the need for a community plan for the care of the physically handicapped.

As a result of all this activity, a firm foundation had been laid for future development, and the Dade County Health Council was ready for the next major step in its career, which occurred in April 1954 when it voted to accept an invitation of the Welfare Planning Council of Dade County to become a part of it with the title "Health Council Division."

At the same time, the Board of Directors of the Welfare Planning Council adopted a plan of staff reorganization which included the creation of a position of Executive Secretary for the Division.

Subsequently, the program has continued much as before; an Executive Secretary with professional public health background has been employed on full-time basis; constitution and by-laws are being revised; plans for long-range planning are being discussed and considered; mutual relationships of the Division with the parent organizations are being improved and cemented, and projects earlier started are being either continued or brought to completion.

Throughout its history from January 1950 to date, the Health Council has enjoyed good public relations which everybody agrees is one of the foundation stones of a successful health council.

It has been asked by many communities interested in starting a Health Council: How? Why? Who? The answers are very simple:

1. Look for the basic health need of your community and then resolve to do something about it.
2. A small effort successfully done should lead by its own impetus into a well-organized health council. A health council usually leads to general improvement of the health conditions of the community, which is the reason for its existence.
3. As for who—it makes no difference. Usually a small committee of interested people, both lay and professional, which learns to work together as a unit, accomplishes more and faster than a large, unwieldy group which may succumb easily to inertia.

An outstanding pioneer in community health once said in reference to health councils and group activity: "See something bad; get somebody to help you do something about it; then get it done; and finally tell the community about it. That's all there is to it."

OSCEOLA COUNTY

Got Results

THE OSCEOLA COUNTY HEALTH COUNCIL was organized in September, 1952, after some of the doctors and interested individuals in the county saw the need for assembling and interpreting information concerning public interest and resources in relation to health problems.

The Osceola Council is composed of representatives from official and non-official agencies, civic and fraternal clubs and interested individuals throughout the county who serve in advisory capacity. This was planned at the first meeting when invitations were sent to all civic organizations. Many sent representatives, at which time a panel discussion was presented by representatives of the Osceola County Health Department, a private physician, a dentist, a supervisor in the county schools, and a member of the State Welfare Board.

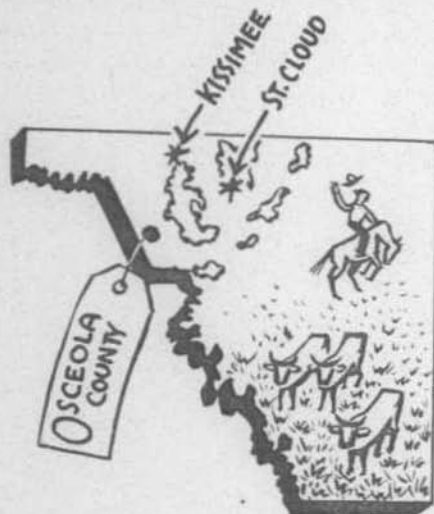
At this first meeting a representative of the Division of Health Information, State Board of Health, told us of the work of other Councils and their organization. Officers were elected, who in turn appointed the following Committees:

- I Membership
- II Constitution and by-Laws
- III Volunteer service
- IV Fact-finding, to determine:
 1. What could be done to improve dental care
 2. Ways and means to im-

prove the school health program

3. Other health needs

Our first accomplishment in Osceola County was improvement of the dental care program. There had been a shortage of dentists in our county, but two young dentists had recently started to practice here and were interested in working with our group. With the aid of the Bureau of Dental Health of the State Board of Health, an educational program on dental care



was presented in the classrooms. Local dentists gave their services in making a survey of all students to determine dental needs. Notices of these examinations were sent to parents. Volunteers from civic organizations assisted with records, and in other ways. A report of findings was sent to the parents, together with a card to be returned to the teacher when a dental defect had been corrected. Indigent cases were treated by a dentist for the

cost of the materials only and organizations donated funds for this purpose.

Since that time the dentists have made annual school examinations and follow-up is done by the County Health Department and school personnel working together.

The need for a sewage disposal plant was apparent, so a program was presented on sewage disposal by county health department sanitarians who had made pollution studies of the situation. The Mayor reported that the city was studying plans and costs of a sewage disposal plant. Then a resolution favoring the construction of a disposal plant was passed by the Council and sent to the City Commissioners. Now a new plant is nearing completion at the present time.

Many Health Council programs have been presented on improving health in the county, such as: medical care of the indigent, care of the tuberculous, needs of the pre-school child, loan chest and polio.

The Council's biggest continuing study is the school health program.

GULF COUNTY

Made A Survey

THE ORIGINAL Gulf County Health Council, with headquarters in Port St. Joe, was organized in 1938 with representatives from all official, professional and civic organizations. At this time there was also a bi-county council comprising Gulf and Franklin Counties. Gulf County Council met monthly and the bi-county quarterly.

The great amount of work done by many committees of the council during the early years attest to the interest and enthusiasm of the groups in the public health of their community.

Transportation committee members brought large numbers of expectant mothers to the weekly maternity clinics, as well as infants and preschool children for the well baby conferences. Volunteer workers gave invaluable assistance in the huge venereal disease clinics, maternity and other clinics. They registered all patients, weighed and measured babies and filled out slips for laboratory specimens.

Numerous projects were sponsored by the council. A notable example was the providing of screened baby beds for low income families, in an attempt to lower the infant death rates due to diarrhea and malaria which are transmitted by flies and mosquitoes respectively. A local lumber firm sold the materials at cost and the WPA permitted a carpenter on their rolls to build the screened beds. These were distributed by the welfare committee of the council — blue and pink baby beds were all over the county!

During the war years the work of the council was gradually taken over by other organizations and it finally lost its identity.

In 1952 members of the first council began to fan the spark of interest still alive in the local health department and there was a reorganization of the health council, with a separate organization in Wehahitchka, the county seat.

Membership, according to the bylaws of the council, consists of: all persons living in the area covered by the public health nurse shall be considered non-voting members. The voting membership shall consist of one representative from each organization in the area interested in health activities, and ten members at large (to be chosen by the committee on membership).

Objectives, as outlined in the constitution are:

1. To assist, whenever necessary, any type of health and safety program in the area.
2. To coordinate, as far as possible, the work of all organizations concerned with public health.
3. To stimulate and educate the public in health problems and their solution.
4. To study health needs and develop a community health program relative to those needs.

Following the reorganization of the health council the question of priorities for projects was discussed. With the limited information they had about the most urgent health problems it was suggested that a county-wide survey — a personal visit to every home in the county — be made to secure first hand information about what their problems were. This challenge was accepted by the Council and a questionnaire was prepared to collect facts about the prevalence of certain diseases, sanitary conditions, immunizations, adequacy of medi-

cal and hospital care and other pertinent health information.

Wide publicity was given to the survey before it actually began so as to inform the entire population of the importance of this tremen-



dous undertaking and to elicit their interest and cooperation in making it a success.

The two towns and the entire county were blocked off into sections and team captains were appointed. These in turn each selected a number of visitors who would personally visit each home in the county to secure the information outlined in the questionnaire. Weeks of intensive work went into this survey, which reached 1594 families, or more than 75 per cent of the entire population. The results of the survey were published in an attractive booklet. (Copy may be secured by writing the Gulf County Health Department in Port St. Joe).

Adequate quarters for the health department in Port St. Joe and Wewahitchka now seem to be the projects of first importance.

Some Suggestions for Budding Health Councils:

1. Study health needs of the community through surveys and other fact-finding activities. Then develop a community health program related to those needs.
2. All credit should go to the affiliated agencies in a Health Council. The Council is not in competition with them, so avoid infringing on the privileges and functions of individual agencies.
3. Don't let one or two individuals or groups dominate the planning and functioning of the council. Be sure decisions are made by *whole Health Council*.
4. Select short-range and long-range objectives. Break long-range programs into smaller workable units which can be carried to a successful conclusion. The feeling of success can build up a backlog of interest.
5. Coordinate as far as possible the thinking and planning of all organizations concerned with public health work to prevent overlapping and duplicating. If you do, your Health Council work will be an educational experience for its members and for the community.
6. A community Health Council usually does not render direct health service itself, but is a joint-planning body which refers health needs to its member organizations for action and helps them work together.
7. In setting up a Health Council, do not omit any groups or organizations which have any definite interest in health—but participation in a health council should be voluntary.
8. A Health Council will help to develop a common basis of respect for each other's opinion regardless of social or economic status.
9. An active Health Council is a demonstration of our faith in the ability of citizens within a community to work together for the betterment of the health of the entire community.
10. A Health Council should inform the public with respect to public health needs, programs and legislation — but not become involved in politics.

Advice to Chairmen

The Temporary Chairman of a Health Council Opens the First Meeting:

Folks, we're gathered here tonight to see if we can thrash out some of our health problems. I happen to be the president right now of the County Welfare Society and we're the ones who've been talking a lot about a Health Council so I guess that's why I'm presiding. Lots of welfare problems come about as a result of poor health as we all know. There's lots of overlapping, too, though Heaven knows there's lots that needs to be done about some health problems in this community that nobody seems much interested in. For example, I don't know of any organization around here interested in children who are hard of hearing. Yet we've got some people right in this country that need help.

But to go back, some of us have been talking about a Health Council for a long time. We've had it discussed many a time at lunch and even at ball games! Then the thing that sparked it off was the fact that we've got one of the highest infant death rates in the state — babies dying of things like whooping cough and stomach trouble. We've also got far too many people with tuberculosis. Why don't we try to prevent these needless deaths, instead of having people sick and dying? That's where you all come in. You've been asked by the president of your particular organization to represent them at this meeting. The health problems we've got in our city and county today are too big to be handled alone by the county health department people, the doctors or the TB Association, or the Cancer Society — by any organization alone. We've got septic tank trouble and sick migrant workers and a small welfare budget — but you all can add to the list.

Lots of other towns have found that a Health Council helps to get people and their thinking together to solve their health problems. By sitting down together and getting to know each other, studying these health problems and finding some of the answers — why, we'll enjoy it as well as accomplishing something.

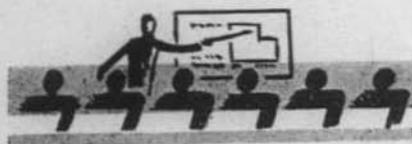
Just to get this thing started off, I'd like to ask everybody to kind of get together in a semicircle down in front — you on the back rows, do come down and be with us. Now, they tell me that the best way to start is to list our problems on the blackboard and then decide which ones to tackle first. Who will be first? Mrs. Williams? You're representing the PTA, aren't you? Fine! Suppose you tell the group . . .



... So It's Well To *Remember*

1. The chairman must plan a definite agenda and see that the meetings move along in logical order without dragging or undue divergence from the subject under discussion.
2. Problems being considered should be written on the blackboard so that all can read the list.
3. Reports should be requested of organizations or agencies who already may have undertaken some phase of the work at hand.
4. The chairman should not dominate the discussion nor make the decisions; neither should he permit other individuals to do so.
5. Committee reports should be definite and should be discussed before they are voted on.
6. The chairman should be sure to get agreement with full participation . . . true decisions are not made by the votes of one or two persons while the majority hesitates.
7. Get definite action at each meeting.
8. Call in available "experts" on the problems which are under consideration.
9. Assign definite responsibilities to specific individuals.
10. If possible divide up work so that all members have some definite work to do between meetings.
11. Plan ahead. What should be done next? Is there progress toward solving the "problem"?





We have not attempted to suggest a single plan to follow in establishing your health council, because no single plan will be applicable to all communities. Likewise, we have not endeavored to answer all the questions that may arise in organization.

The success of a health council is dependent on co-operative planning by all members of the council.

If you are interested in a health council for your county, discuss the idea with other organizations in your community. Talk to the director of your county health department. Plan together and work together—to improve the health of your community.

*Health is a state of complete
physical, mental and social well-being
of the individual and not merely
the absence of disease or infirmity.*

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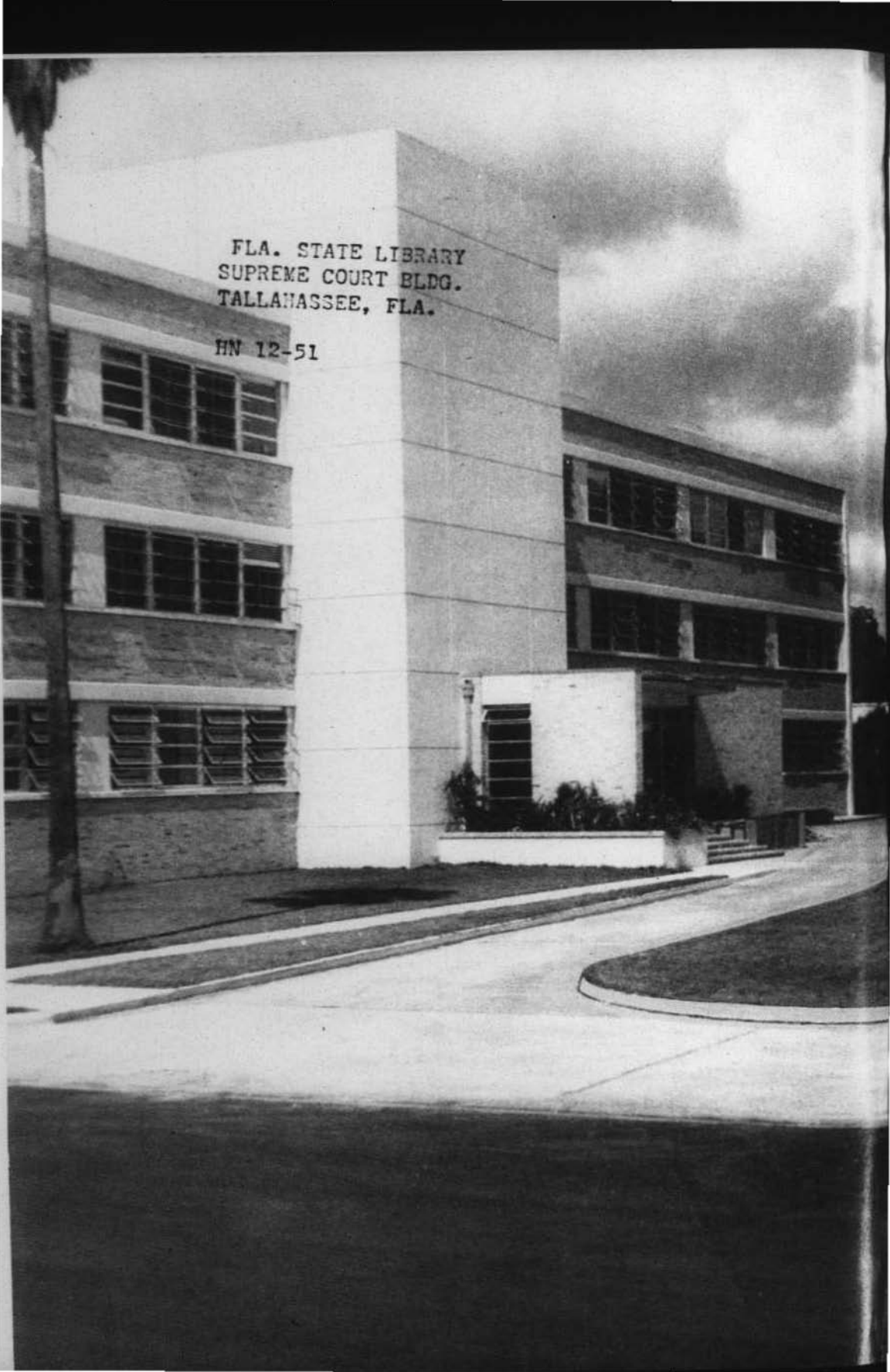
Acting Director

Bureau of Entomology

John A. Mulrennan, B.S.A.

All Counties in Florida have organized county health departments, except
St. Johns County

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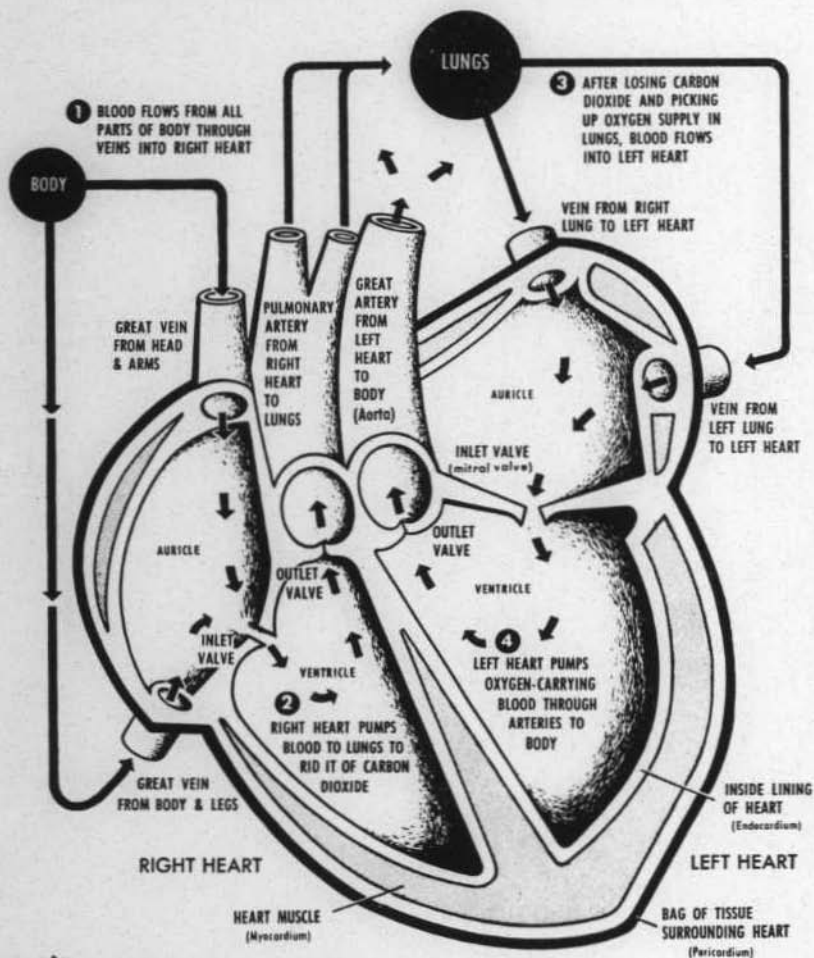


NOVEMBER
1955

How's Your Heart?
FLORIDA STATE LIBRARY

VOL. 47
No. 9

YOUR HEART AND HOW IT WORKS



PRODUCED AS A SERVICE



AMERICAN HEART ASSOCIATION AND ITS AFFILIATES

How's Your Heart?

Go anywhere you will in Florida, the small community, the large city, the country home. Knock on any door. Ask this question of anyone you meet:

"How would you like to live to be 100 years old?"

Chances are if the person questioned is pushing toward the middle years the answer will be slow in coming. A shadow will move across the face, a speculative look will show in the eye as he ponders the uncertainties of health in the later years. To be old AND to be made useless by disease or disability is too often the fate of many of Florida's "Senior Citizens." Put the question another way:

"How would you like to live to be 100 years old if you had reasonable assurance you would be in good health and able to lead a useful, productive life for most of those years?"

The answer will come more quickly:

"Why, of course!"

So what is the biggest risk that faces the average Floridian in his search for a happier, longer and

more useful life? The answer is heart disease and the related disorders of the blood vessels and kidneys.

Heart disease, as in other states, is the most common cause of chronic disability and death in Florida. Of the 31,433 deaths in this state during 1954, 10,613 were attributed to that cause. Add the related disorders of the kidneys and blood vessels to the toll from heart disease, and you get 15,903 deaths, or slightly more than half the deaths from ALL causes. By contrast, cancer claimed 4,802 lives to rank as the second cause of death for the year 1954.

Affects All Ages

From the standpoint of population, Florida is the fastest-growing state in the nation east of the Mississippi (second only to California and Arizona among the 48 states). A significant proportion of the people pouring into Florida daily is among the older-age group who expect to spend their latter years in retirement. Advancing age, bringing a "slow-down" in life processes,

FLORIDA HEALTH NOTES

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HEART DISEASE DEATHS AND RATES PER 100,000 POPULATION BY AGE AND RACE FLORIDA, 1954

AGE GROUP	DEATHS			RATE PER 100,000		
	TOTAL	WHITE	NON WHITE	TOTAL	WHITE	NON WHITE
ALL AGES	10,613	8,862	1,751	304.8	316.8	256.1
Under 5	14	9	5	3.7	3.2	5.6
(Not including deaths from congenital heart disease)						
5 - 14	10	4	6	1.7	0.9	4.6
15 - 24	19	12	7	4.1	3.4	6.7
25 - 34	79	37	42	14.8	8.7	38.7
35 - 44	443	297	146	87.2	72.8	145.8
45 - 54	1,232	848	384	303.6	255.4	520.7
55 - 64	2,271	1,801	470	759.2	690.5	1,227.3
65 - 74	3,196	2,785	411	1,474.9	1,478.1	1,453.4
75 and over	3,345	3,068	277	3,542.3	3,660.2	2,610.7

Total figures include 1 white and 3 nonwhite deaths with ages unknown.

is a factor in heart disease deaths and disabilities as the wear and tear (and the excesses) of living begin to catch up with the cardiovascular system. For instance, of the more than 10,000 deaths attributed to heart disease in Florida during 1954, some 600 fatalities occurred among those under 45 years of age. And it is during the fateful forties that heart disease begins its upward climb as a cause of death. During the 10-year span 45-55 there were 1,232 deaths from this cause; from ages 55-64, 2,271 deaths; from ages 65-74, 3,196 deaths, and past 75, 3,345 succumbed to heart disorders.

These figures may be frightening. They need not be. One big reason for it is that more people are living to an advanced age where heart disease is more likely to be a factor in death. However, some people are inclined to be apathetic about it. Everyone has to die of

something, they say, and it's not too surprising that heart disease should be the principal cause of death in the later years. They add —after all what can you do about heart disease? This issue of HEALTH NOTES will give you some of the answers.

Doctors are especially concerned about heart disease in the early years, particularly among children and young adults. It is during this period that congenital heart defects, disease and wrong living habits can serve to set the stage for an early disability or even death from heart disease. Improved methods of diagnosis provide a better chance of discovering a heart condition before it becomes really serious, regardless of age. The potential "cardiac cripple" can be helped to avoid living conditions and employment that combine to overload a heart that is not quite up to par, or weakened by disease.

Like other states, Florida's doctors and hospitals are moving ahead in providing improved diagnostic and treatment facilities and our official and voluntary health agencies are developing other important services in the heart disease field. The state and county medical associations, the Florida State Board of Health, citizens groups such as the Florida Heart Association and its affiliated local chapters, the Division of Vocational Rehabilitation of the State Department of Education, the State Department of Public Welfare, The Crippled Children's Commission, and a number of other agencies, groups and individuals are combining their efforts in the control of heart disease, to bring more hope for the future in extending the human life span.

The Working Heart

But before we elaborate on what is being done about heart disease in Florida, let's take a look at the heart itself and some of the things that can happen to it. Contrary to popular opinion the human heart is not a "delicate" organ, subject to whims and humors. Pumping away at a rate of about 70 beats per minute (more or less, depending on how active you are at the time), the heart is a "miracle muscle" which must be strong in order to do its job. Though the heart appears to be a very busy muscle it gets its rest in the split-second pauses between beats. Through the normal adult heart approximately 3,000 gallons of blood will move every 24 hours in its pulsating rush to feed hungry tissues, to pick up and carry

waste products to the kidneys (where these organs filter out surplus water and wastes), to the lungs to get rid of carbon dioxide and pick up fresh oxygen—in short, to maintain life itself.

The heart is a double pump, with each side subdivided into two parts making four chambers. Let's follow the blood-flow pattern as perhaps the best way to show how the heart itself works. The freshly-oxygenated blood—"aerated" from its trip through the lungs—enters the heart through an upper chamber called the left auricle. As the lower left chamber (ventricle) relaxes in preparation for its next beat, a valve opens and allows the fresh blood to move into the lower chamber. As the left ventricle starts on its "beat" cycle, this valve is forced closed and another valve opens into the aorta, one of the major blood vessels, allowing the rejuvenated blood to begin its trip through the body. Up it goes into the head and upper parts of the body, along the trunk, down into the legs and the feet. The lines carrying the fresh blood are known as arteries. The arterial passages get smaller and smaller, stepping down to finer branches called arterioles, which in turn discharge into even tinier carriers known as capillaries. The capillary walls are so thin that body cells can obtain nourishment through them. The blood then makes its way back to the heart through a network of veins which grow bigger as the fluid moves along its collection lines to the main channels. Two major veins feed back into the right auri-

cle, through a valve to the right ventricle, which in turn sends it over to the right and left lung chambers to rid itself of carbon dioxide and pick up a fresh charge of oxygen. And so back to the heart for another trip through the arteries. Oddly enough, the heart derives no nourishment from the blood which flows through it. The heart is fed and regenerated as any other organ of the body by a network of arteries known as coronary arteries.

Prevention

Is heart disease really "preventable"? The answer is a qualified "yes—for some types of heart disease." Protection of children against rheumatic fever by the use of antibiotic drugs in "strep throat" ailments can help to check the possibility of rheumatic heart disease. Syphilis, left untreated, can involve the heart, leading to what is known as syphilitic degeneration of the heart muscle. Certain bacterial infections may respond to medical treatment. Improved methods of diagnosis in vogue today can help to spot disease or deformity in the early years and enable the doctor to prescribe treatment or changes in the patient's way of living that could prevent or delay the development of a really serious heart condition. Here is a handy check list of things you need to know about heart disease:

1. Some forms of heart disease can be prevented.
2. Early diagnosis—as with almost any ailment—is important, since treatment can begin promptly.
3. Almost every heart condition

can be eased or improved by proper treatment.

4. Most heart patients can keep on working—often at the same job, but occasionally with a job-shift to lighter, less demanding energy output. Very often some type of activity can help to improve some heart conditions.

5. Your suspected heart disease symptoms may not really be due to heart disease at all. Translate your fears and worries into action. See your doctor and be sure. Fear of heart disease can actually produce disability.

Tools and Techniques

A lot of tools and techniques have been developed by doctors to help in diagnosing and treating heart and cardiovascular disorders. Most of us are familiar with the stethoscope, a sort of "chest-telephone," which enables a doctor to hear what goes on in the area of the lungs and heart. Most of us have had some experience with the machine doctors use for determining blood pressure. (Most people call it a "blood pressure machine," because they find it a bit difficult to pronounce the word, "sphygmomanometer," the technical name of the device.) Then there is the x-ray, which gives a picture of the heart; the fluoroscope, an x-ray device which shows the heart in action; the electrocardiograph, which records the electric current of the heart on a graph. Among the most recent additions is the use of a "cardiac catheter." This catheter enables those especially trained in its use to insert this narrow tube

directly into an artery and into the heart itself, taking blood samples as it goes along and performing other functions important in diagnosis.

Another new technique is the angio-cardiograph. A dye is injected into the bloodstream and followed through the heart by a series of "rapid fire" x-ray films. From these x-ray films the doctor can obtain several valuable clues, particularly about congenital heart disease.

A comparatively new development in heart surgery is arterial "grafting," particularly in the case of the large arteries which may have been damaged or weakened by disease. So much interest has developed in these grafting operations that a number of "blood vessel banks" similar in operation to blood banks have been established throughout the country to provide necessary material for heart surgery. Such a facility is in operation at Jackson Memorial Hospital in Miami, and there will be one in the blood bank at Jacksonville early in 1956.

Kinds

Let's look, now, at some of the more common causes of heart disease. Here are some of the things that can happen to the heart or interfere with its function, bringing disability and even death:

CORONARY THROMBOSIS: This is the "big deal" in heart disease—the one which may lead to sudden death among relatively young persons. *Few people so stricken succumb at the first attack.* A great deal depends upon the promptness of the

treatment received at the time of the attack. This condition is caused by a block in the blood vessels feeding the heart, which have been damaged by disease or other factors. The heart muscle begins to "die a little" in the area nourished by the blood vessels which have been blocked. The big puzzle about coronary thrombosis is the difficulty of determining the possibility of such an attack ahead of time. The circumstances and causes leading up to the seizure may develop over a period of several years and probably include overeating, overwork, inadequate rest and an inherited factor. Prompt medical treatment and a period of rest may be the victim's salvation. Many victims of coronary thrombosis recover to live for many years—and many die of something else.

ABOUT THOSE "HEART MURMURS"

"Of all the exaggerated fears associated with the heart, the dread of murmurs is one of the worst. Thousands give up useful and pleasant activities because they have been told they have a heart murmur, without an adequate explanation of its significance or lack of significance. . . . Heart murmurs may be quite unimportant. Sometimes they are indications of heart disease, often they are not. They are the noises made by the blood flowing through the heart, differing because of differences in the flow."

—H. M. Marvin, M.D.

ANGINA PECTORIS: A feeling of pressure or tightness around the heart during exercise is usually the mark of this heart disorder. The underlying cause is similar to coronary occlusion. Angina pectoris is usually a sign that one of the coronary arteries has become narrowed and the blood does not flow as freely as it should. The symptoms, generally a shortness of breath and a slight pain in the heart region, usually develop after climbing a flight of stairs, brisk walking, or after a very heavy meal.

RHEUMATIC HEART DISEASE: Here's where the infection known as "strep throat" comes into the picture. It has been found that the streptococcus that causes the throat ailment also may cause rheumatic fever, which in turn can result in rheumatic heart disease. Fortunately a new type of penicillin is proving its effectiveness against strep throat, nipping the possibility of rheumatic fever, which in turn can result in rheumatic heart disease. Fortunately a new type of penicillin is proving its effectiveness against strep throat, nipping the possibility of rheumatic fever and thereby preventing permanent heart damage. Treatment should be started promptly when symptoms appear. Frequently small doses of penicillin are given continuously for as long as five years to children who are likely to have repeated attacks of rheumatic fever following strep infections. The expense of continued treatment is often too much for many families, particularly in the low-income groups where it seems to strike hardest.

In order to determine the real need for expanding services to rheumatic fever victims in this state, the Florida State Board of Health recently helped to establish a "case register" of persons suffering from rheumatic heart disease, in cooperation with the National Children's Cardiac Hospital at Miami, the Florida Heart Association and private physicians. Principal purposes of the case register are:

1. To obtain information about people living in Florida who have rheumatic heart disease;

2. To determine if the streptococcus believed responsible for the disease may behave differently, or be less dangerous, in Florida. It is known that rheumatic heart disease is less prevalent in Florida than in some of the northern states, either because of climate or other factors.

3. To check on the recurrence rate. Does Florida have the same incidence of "repeaters" as may be noted in other parts of the country?

CONGENITAL HEART DISEASE: This is the kind of disorder a baby can be born with. It is result of improper development of the heart and/or major blood vessels. For example, there may be a hole in the wall between the main heart chambers or a constriction of the aorta, causing the heart to strain in an attempt to push blood through a too-small aperture. On occasion the heart is so ill-formed that a baby may live just a few hours or days. More often the deformity is such that the child may live for only a few years. Frequently the heart deformity does not interfere with normal living. Surgery offers the principal hope for correction of defective de-



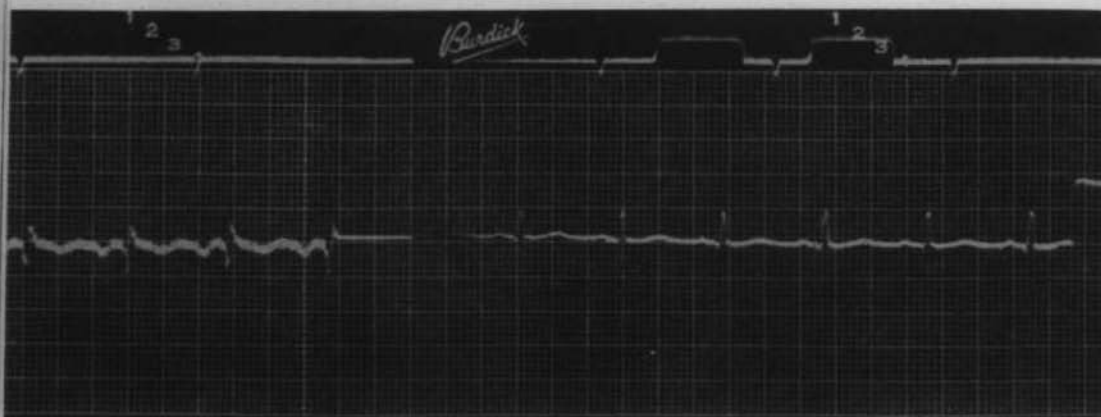
► *This healthy baby still bears the scars of a successful operation for congenital heart disease.*

velopment of the heart. But consider the surgeon's problem. What surgery he is permitted or allows himself to do—is hampered by the fact that the heart must keep up its work while he attempts a valve repair or an enlargement of a too-small arterial opening leading from the heart. It wasn't until 1938 that surgeons began to operate successfully on the heart and during the 1940's interest increased as new techniques were developed.

Most dramatic example of congenital heart disease is the "blue baby," an infant who suffers from a defect in the heart wall and/or the great blood vessels so that vein blood returning to the heart becomes mixed with artery blood. This mixed blood, being blue in tone because of

its lowered oxygen content, imparts a faint blue tint to the skin. Many types of defective heart development can be corrected by surgery.

HYPERTENSION: This is the familiar ailment commonly known as high blood pressure. What causes hypertension? There is no easy answer to that question. Only about 10 to 15 per cent of hypertension cases can be traced to known causes. As for the remaining cases, no one seems to know precisely what causes them but there are many different factors involved. Heredity does play a part as does nervous strain and chronic anxiety. A Florida doctor speaking at a cardiovascular institute for nurses in Jacksonville early in 1955 cited "the high pres-



► The two tracings you see here were
one above is of a normal heart. The
who has arteriosclerotic (hardening

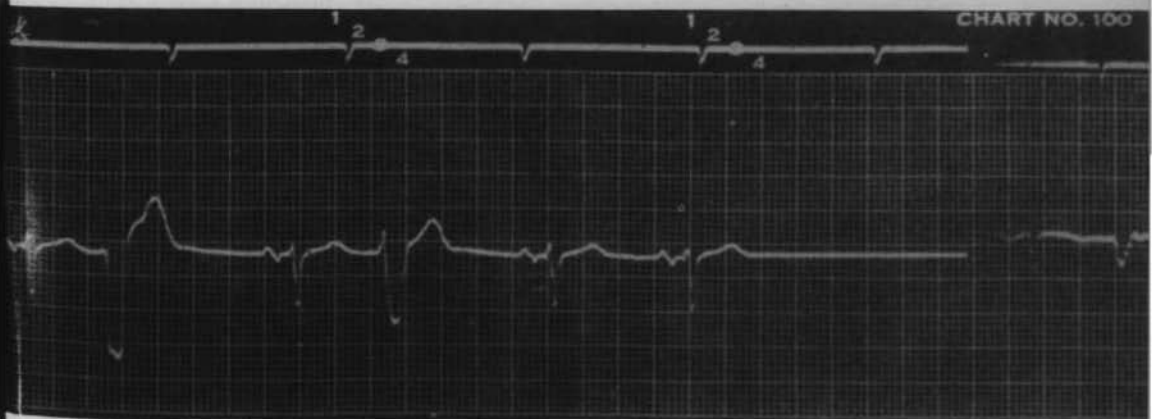


CHART NO. 100



by an electrocardiograph machine. The
below is of a heart of an elderly lady
(arteries) heart disease.

CHART NO. 100



sure of modern living" as a chief suspect in the cause of hypertension. He noted that hypertension is "a problem that psychologists and psychiatrists can help to handle."

A pamphlet on high blood pressure prepared by the American Heart Association supports the Florida doctor's opinion by stating:

"Calmness and equanimity are important. Avoid worry, anxiety, fear and anger as much as possible. Beware of those who promise cure. Physicians are usually satisfied with reduction of blood pressure to a level they consider below the danger point; cure is seldom attainable. Mental strain is worse for patients with hypertension than is physical exertion; moderate physical exertion is usually harmless."

Hypertension can bring on a "stroke" or apoplexy, which doctors refer to as a "cerebral vascular accident." High blood pressure does harm by putting a strain on the heart and damaging the arteries mainly in the kidneys and brain. If an artery in the brain is blocked or ruptures, it brings on a "stroke," with results varying from paralysis of one or more of the limbs to the sudden death that may follow what is sometimes described as a "massive cerebral hemorrhage."

Whatever your "heart" problem may be—hypertension or otherwise—your best source of help, encouragement and reassurance is your family doctor. As we have said before, he has the skill to treat you, or if he deems it necessary, to send you to a specialist for further observation and for tests to determine if you really have heart disease, and

if so, what can be done about it. Heart disease too long has been a "scare" disease. Today there is much that can be done for the person with heart disease to prolong life and keep him a happy, productive person.

ARTERIOSCLEROSIS: Commonly known as "hardening of the arteries." This condition was once thought to be one of the inevitable results of the aging process and that not much could be done about it. Today doctors are sure that it is not inevitable and have discovered some answers to this problem. It has been found that a fatty deposit in dangerous amounts is present in the walls of the arteries in some persons, thereby causing a weakness in the wall of the artery. As a result the blood vessel wall may crumble and produce a block or a hemorrhage. These fatty deposits are more common in people who eat high fat diets.

Another type of "hardening of the arteries" is found almost entirely in healthy old people and is due mainly to calcium deposits in the walls of the arteries. It does not seriously interfere with their health or enjoyment of life. With proper attention to medical advice, the patient with this type of hardening of the arteries can continue with normal activity.

* * *

"Cardiac neurosis" is often induced just by worrying about the prospect of heart disease, or anxiety over problems in the patient's life. A soldier on the eve of battle may experience these "heart attacks" on contemplating the pro-



► This young man, formerly employed as a television cameraman, developed a heart condition requiring surgical treatment. His doctor advised that he seek less strenuous employment. He was pleased to discover that he could switch to the lighter task of photography and still retain his job with the television station.



spect of being wounded or killed in action. So commonly did these symptoms appear that doctors called them "soldier's heart." Medical students are known to develop similar symptoms, generally not as severe, when they begin to study the heart and all the things that can happen to it.

Studies

One of the things which encourages everyone—and offers new hope to the sick—is the increasing interest that is being shown in heart disease, its causes, diagnosis and treatment, by various groups, both lay and professional. One of these organizations is the National Heart Institute, one of several National Institutes of Health operated by the U. S. Department of Health, Education and Welfare through its Public Health Service. The institute sponsors and helps to finance research into the causes and treatment of cardiovascular disease, as well as the development of community heart disease control programs. Typical sample of their wide range of interests is a research study going on in Florida during 1955. Known as the "Florida Co-operative Study" it seeks to determine how any disease conditions in the mother may affect the child, particularly during the first three months of pregnancy. The study is being conducted under the direction of the Florida State Board of Health, Division of Heart Disease Control, in cooperation with the Jacksonville City Health Department, Duval County Health Department, several Jacksonville hos-

pitals and private physicians. This study will give valuable information concerning the causes of congenital heart disorders.

Florida benefits by such study projects and research investigations and the knowledge gained is passed on to other areas. Similarly, Florida profits by investigations elsewhere. But here are several other projects which have been completed, or are currently in progress, in this state.

1. The Pensacola Project: The U. S. Naval School of Aviation Medicine at Pensacola conducted a study into the prevalence of heart disease in school children at Pensacola, in cooperation with the State Board of Health.

2. "Strep" Study in Miami: The study was launched to determine how frequently streptococcus infections occurred among selected groups of school children and to determine the incidence of rheumatic fever among those who did develop strep infections.

3. The St. Augustine Project: This consisted of a study of pupils enrolled in the Florida School for the Deaf and Blind at St. Augustine to determine the prevalence of congenital heart disease among its students.

Voluntary Agency

The American Heart Association was organized in 1922 by doctors interested in better methods of diagnosis, treatment and prevention of heart disease. In 1948 the association was reorganized and expanded to include citizens and other non-medical people because they believed that we now had enough

YOUR CARDIAC "BANK ACCOUNT"

"Although the effect of exercise on the diseased heart will continue to be investigated as part of the research program of the American Heart Association, it is clear that strenuous exercise, properly supervised, does not cause disease in the normal heart. But to those who are not accustomed to strenuous exercise and to those who have recovered from a heart attack: regard your heart as you would your bank account. Don't overdraw!"

—E. Coles Andrus, M.D.
President, American
Heart Association.

knowledge of diseases of the heart and blood vessels to start a nationwide effort for their control.

Since that day, through the medium of fund-raising drives, donations and bequests, the association has made increasingly larger amounts of money available for research, education and community service. A number of states, including Florida, have state associations, which have in turn sponsored local chapters. How do these local and state organizations work to help the cardiac patient? The executive director of the Florida Heart Association, with headquarters at St. Petersburg, explains:

"Service for heart patients is conceived by the Heart Association as being for all those with diseases of the heart and blood vessels and not merely those unable to pay for care. Thus we are more concerned with raising the general standards of

medicine in communities and increasing facilities for everyone. At the same time, however, we attempt to arrange referral procedures and create permanent facilities which may be used by indigent patients. Clinics are currently operated in Jacksonville, West Palm Beach, Miami and Pensacola, with the guidance and support of local chapters in these cities. In addition to these local chapters, the association also has local affiliates in Fort Lauderdale, Daytona Beach, St. Petersburg, Orlando and Tampa.

"In the area of service for heart patients we endeavor to work closely with and coordinate the services made available by such agencies as the Florida State Board of Health, and its associated county health departments, the State Department of Public Welfare, the Vocational Rehabilitation Division of the State Department of Education, State Employment Service, Crippled Children's Commission, and others."

Official Agency

The Florida State Board of Health has a Division of Heart Disease Control. Its activities include educational programs for physicians, nurses and the general public. It supports and conducts research projects in Florida. It encourages and supports the development of community services. A limited case-finding program is provided in conjunction with chest x-ray surveys for tuberculosis. Other sections of the State Board of Health provide statistical data necessary for the development of these programs and informational mate-

rials such as pamphlets and audio-visual aids.

One of Florida's outstanding contributions to the dissemination of current knowledge about heart disease has been made by the Biennial Cardiovascular Seminar for physicians. These are sponsored by the Division of Heart Disease Control and the Florida Heart Association and the Greater Miami Heart Association. Plans are now being made for the fourth seminar to be held in the spring of 1956. A somewhat similar program, featuring what nurses need to know about heart disease treatment and control, also is staged every two years in principal cities of the state. These study courses emphasize the doctor-nurse "team approach" in the care of cardiac patients.

Another fertile source of help for the heart disease victim—actual or potential—are the hundreds of public health nurses, most of them employed by county health departments, together with those serving with Visiting Nurse Associations. What role can these nurses play in service to the patient with cardiovascular disease?

They can determine, in the routine of their home nursing visits, if the patient is going to the doctor regularly for check-ups as requested, or can save the patient a visit to the doctor's office or clinic by supervising the patient under the doctor's orders. The nurse can assist in determining the economic condition of the patient or his family so as to find out if financial assistance is needed; she can be on the lookout for the psychological marks of the heart disease victim;

and she can help to allay fear. She can help put idle hands to work with suitable recreation and hobbies—and aid the patient in overcoming fear and apprehension and to get back on the mainline of constructive thinking and living.

A Normal Life

Are people with heart disease really "cripples"? Should they be retired? That all depends upon the degree of the cardiovascular disorder. Many a person with a cardiovascular involvement can still follow the normal course of existence, working, playing, enjoying life. He must rely on his doctor's advice on how much he can do—and what he shouldn't do.

Aware of the nation's aging population and apprehensive over financial support for older people only partly slowed down by cardiovascular disorders, experts are of the opinion that the man with the "model T" heart and the not-so-flexible arteries can still turn out a satisfactory day's work on a job fitted to his capabilities.

Sometimes it requires only a shift in employment. A truck driver with a slight case of heart disease might be disqualified to drive heavy trucks over the road—but he might be trained to handle a job less active and demanding. Or take the actual case of a television camera operator. He developed a heart condition that required surgical treatment. He was advised he might live longer if he gave up the strain of pushing a television camera around and tried something less demanding on his energies and his



► *A harried city editor can stand the strenuous pace of his workaday world if he can relax with a sport like golf—provided he doesn't try to play as hard as he works.*



ALL THE ANGLES

"Management" of the heart patient is really a better term to use than "treatment." For the first term includes "rehabilitation" as well as strictly medical treatment. "Rehabilitation" includes all the effort and skills that go into returning a man or woman to their normal place in the home and community.

nervous system. Photography, which began originally as a hobby, was taken up seriously as a vocation, and he is currently employed in that capacity by the same television station. The files of the Vocational Rehabilitation Division of the Florida State Department of Education reveal numerous instances where people suffering from a mild heart condition have refused to "lie down and die," but who have pushed forward courageously to overcome their handicap, to learn new skills, to keep on working and living a useful life.

So it would seem that progress not only is being made in the diagnosis and treatment of heart disease, but that people—and the people around them—are beginning to lose their fear of heart disease, just as medical knowledge has allayed in large part the fear of tuberculosis, of yellow fever, of other diseases and disabilities whose cause is known and for which treatment is available.

New Hope

What lies ahead in heart disease control? For one thing, we cannot speak seriously of "control" until we know more about what causes cardiovascular disorders. And many of the secrets surrounding the causes are the tantalizing problems that keep researchers working away in the laboratories, the operating rooms, the doctors' offices, the public health agencies.

One of the most encouraging things about heart disease is the attitude of the medical profession itself. Traditionally cautious (and rightly so) about putting radical ideas into practice, the doctors are nonetheless cheered about progress being made in the heart disease control field during the past 30 years. What does the future hold? Let us quote the late Dr. T. Duckett Jones, one of the nation's foremost heart disease specialists. Speaking at a cardiovascular seminar at Miami Beach in 1950, Dr. Jones said:

"If we can learn how to control heart disease, there is reason to believe we can extend the human life span to 100 years."

And that's where we came in.



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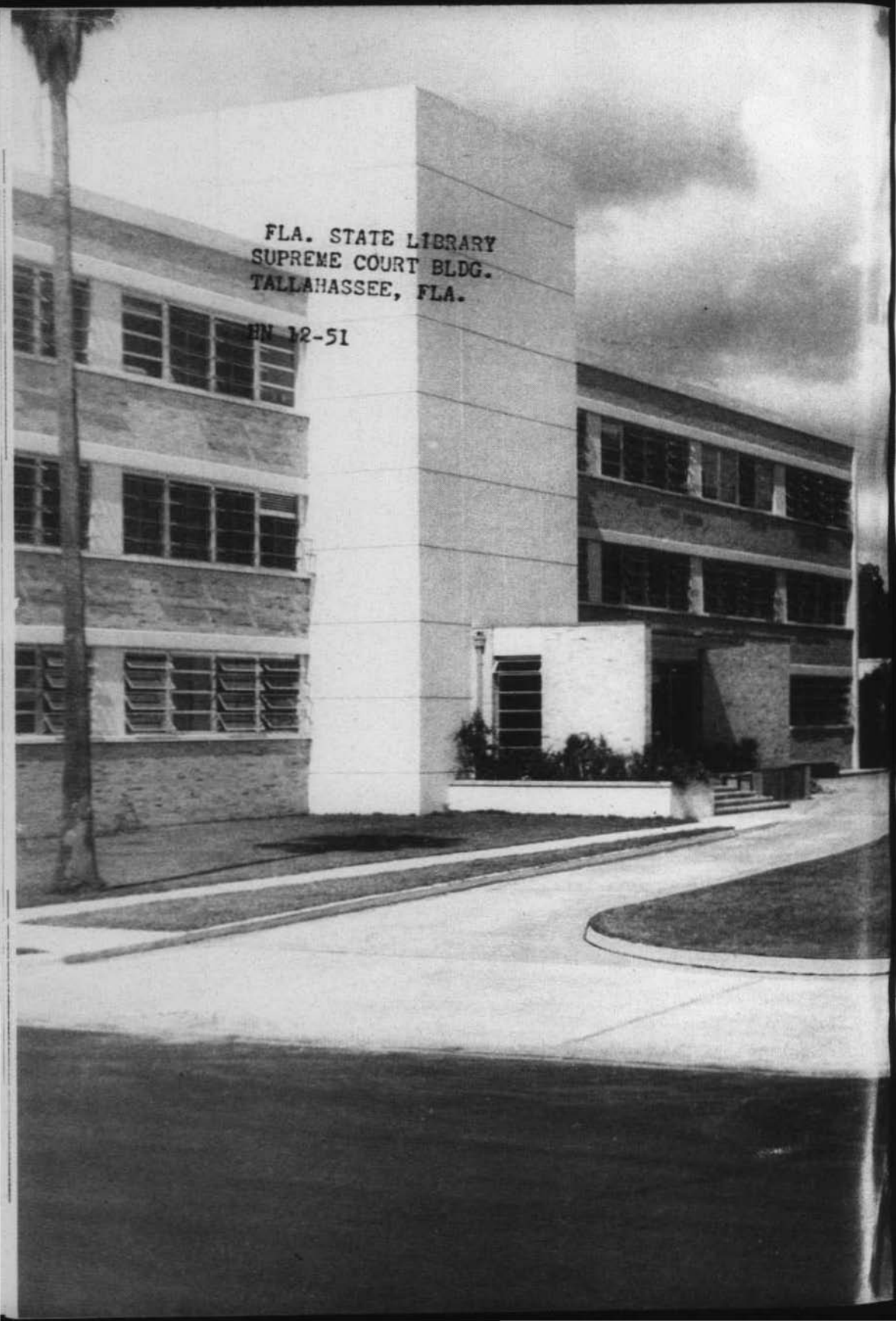
Acting Director

Bureau of Entomology

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All Counties in Florida have organized county health departments, except
St. Johns County

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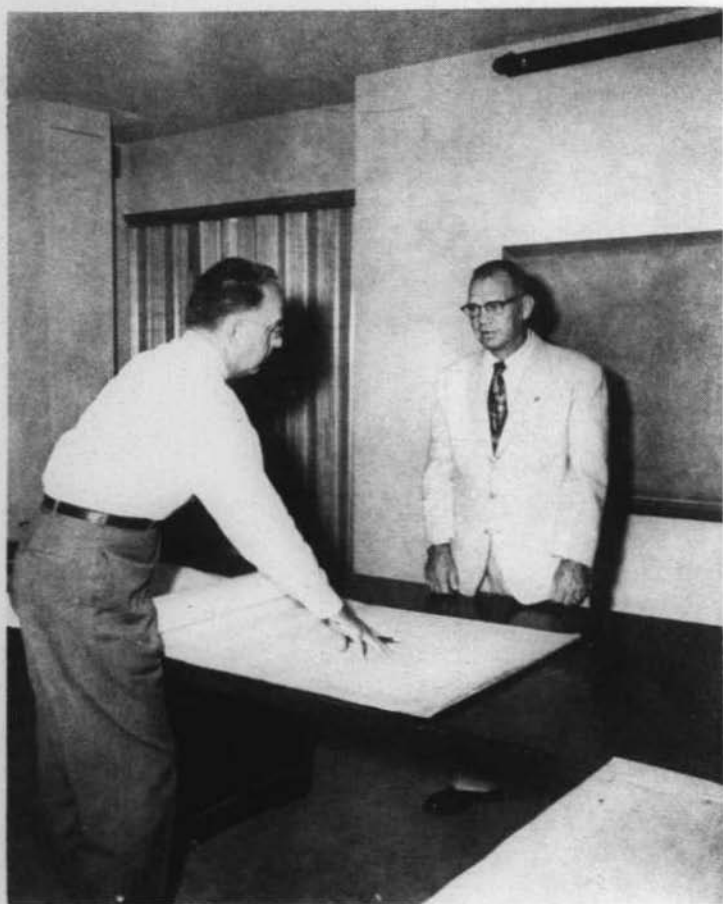
Florida **HEALTH NOTES**



DECEMBER
1955

Water Plant Operator
FLORIDA STATE LIBRARY

VOL. 47
No. 10



Plans for the new Vero Beach water plant had to win final approval of experts in the Florida State Board of Health's Bureau of Sanitary Engineering. Shown above, left to right, are John B. Miller, chief of the Bureau's water section, and David B. Lee, Bureau director, as they give water plant plans a final check before applying the seal of approval.

WATER PLANT OPERATOR

*The old oaken bucket,
The iron bound bucket,
The moss-covered bucket
that hangs in the well.*

The old oaken bucket, with its cool refreshing burden, is a part of the authentic folklore of Florida. Let's keep it there. But come with me a little way down the road to the village churchyard—an equally hallowed shrine. Let's pause for a moment in the nearby cemetery. Walk easy here! Much of Florida's history is written on the gravestones in the epitaphs of men and women—and their children—who opened up Florida's frontiers, the vanguard of the valiant who made our state what it is today.

How many of these people failed to live out their full lives? And why? A scrutiny of old death records frequently points a finger at the old oaken bucket, and the water that came up so cool and clear—and sometimes polluted—from the backyard well. For we know today one of the things of which our

grandparents were unaware—or only faintly suspicious—that water from contaminated wells could make you sick and even kill you. Yes, water-borne diseases helped to fill some of those graves.

It's only a relatively short span of time (as history goes) from yesterday's old oaken bucket to today's modern water plant. But a big advance has been made in the scientific knowledge and mechanical "know-how" that provides an abundant supply of clean, safe water, easily available from every faucet. Even today's farm wife has become accustomed to the pressure pump which brings water to her, instead of having to make a trip to the old open well.

Practically all of Florida's cities and towns—even the small communities of any consequence—have some sort of public water supply today. And as these cities and towns provide increasingly better service, the incidence of water-borne diseases moves steadily downward. Such in-

FLORIDA HEALTH NOTES

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fections as typhoid, paratyphoid, dysenteries and cholera are being eliminated. Tainted water can also carry such threats to life as infectious hepatitis and amoebic dysentery.

How does a modern water plant operate to provide abundant quantities of safe potable water? What training and experience do the men who operate it require? How do they receive such training? What are their duties?

Let's visit a water plant. Let's take a look at the plant and the men who make it work. Come along to Vero Beach down on the East Coast. Vero Beach is one of Florida's rapidly growing small cities whose people woke up one day to the realization that they were outgrowing their water plant. They didn't care too much for the taste of the water either and the color was sometimes disturbing to the eye. So these citizens floated a bond issue, built themselves a new water plant then started looking around for someone to run it. They hired John Sellers to become superintendent, to get the kinks out of the equipment and keep it pushing water through the city's distribution system.

Background

Now, let's take a look at John Sellers and the four men who help him keep the plant operating 24 hours a day, every day throughout the year.

Like a number of other Florida water works operators, John Sellers traveled a roundabout way to reach

his present vocation, but not many water plant operators have his varied background. Born in Arcadia to a farm family, he went to work at the age of 14 as a dairy hand, milking cows morning and night. He completed the tenth grade in school. Later, realizing the need of a high school diploma, he took a correspondence course to earn the necessary credits for the certificate he wanted so urgently.

Like many another young man he found himself caught in the depression and enlisted in a Civilian Conservation Corps unit in 1933, serving for nine months. Then he got a chance for a job as cowboy with the Hagan-Sellers Cattle Company with headquarters in his old home town of Arcadia. He "rode the range" for three years, but saddle-weary he signed on as clerk with the Kingsmore-Johnson Mercantile Company which operated a country store at Boca Grande. Later, he joined the Embry-Riddle Aircraft Company as an apprentice aircraft mechanic.

It was there that he began to learn the importance of being able to handle precision tools. He joined the Air Force Reserve, but was deferred from active duty as essential to the war effort. During those years work assignments took him to Arcadia, Union City, Tennessee and Clewiston.

The return to Clewiston proved a turning point in his life. "I had worked on some badly smashed

planes—I had cleaned too much blood off wrecked aircraft," he said. "I had a feeling I never wanted to see another smashed-up airplane again."

So he went to work for the U. S. Sugar Corporation at Clewiston. His experience as aircraft mechanic qualified him for a job as a millwright with the big sugar mill's sweet potato starch plant. He helped to repair and maintain machinery and equipment until the corporation closed out the plant in 1947.

Momentarily at loose ends, he found a vacancy in the corporation's water plant, and transferred there as mechanic and apprentice water plant operator. Within nine months he had completed his apprenticeship and went on the plant staff as regular shift operator.

Preparation

Back of that transfer to the water plant stood a man who was to have significant influence on the former dairyhand, turned cowboy, turned clerk, turned mechanic. That man was the late Charlie Fisk, water plant superintendent.

"Mr. Fisk asked me if I would like to take a job at the water plant when the starch plant closed down" Sellers recalled. "He was, I believe, a sanitarian, and he had a good knowledge of water chemistry. He took a lot of time with me, coaching me for examinations for Class C and Class B water plant operator's certificates. When I started in, it was just another job, but by the

time I got my Class C certificate in 1949, however, I knew what I wanted to do. I wanted to be a *good* water plant operator."

"The coaching he gave me kept me at it. He was one of the best men I ever worked with in my life. 'I want you to learn more than I know about water plant operation,' he would say to me. 'I want you to be a credit to your teacher. There are other water plants in Florida and some day you will have a plant of your own. I want whoever hires you to know that we train good water plant operators at Clewiston.'"

John Sellers was well on his way to realizing his boss's hopes for him when Charlie Fisk was killed on the job in September, 1952. Probing with an iron rod for a water pipeline, Fisk made a mistake of just a few inches, hit an underground electric cable and was electrocuted.

"It was like him," Sellers recalled. "He would never ask his operators to do a job that he wouldn't do himself."

The same zeal for formal education that kept him working away at night with a correspondence course to earn his high school diploma reasserted itself again. Sellers asked and got permission to attend the short course for water and sewage plant operators conducted each summer at the University of Florida by its General Extension Division, in cooperation with the Florida State Board of Health's Bureau of Sanitary Engineering and the Florida Water and Sewage Works Operators

Association. It was a rough week for a man who had plenty of practical experience as a water plant operator, but who was short on book-learning and theory. He did all right, though. At the end of the course, his head still buzzing with all that he had been exposed to in the week-long course, he stood and passed the examination for his Class C water plant operator's certificate. He was on his way up the ladder.

Two years later, in the summer of 1951, he felt he was ready for his Class B certificate. Back to the University he continued his "book learning" and moved another notch up the ladder.

It was not until the Spring of 1955 that he felt ready for and had a chance to go back for more study in quest of the top rating—the Class A certificate.

"You can't go every year," he explained. "Usually not more than one man at a time can be spared to make the trip to the University. Then the Association rules make it necessary for you to stay in grade, sort of 'digesting' what you have learned, for a few years before you can receive a higher certificate."

Achievement

By that time, he had a new job. His experience rating and Class B certificate earned him an appointment in January, 1954, as superintendent of the new water plant at Vero Beach, a city of slightly under 10,000 year-round population.

He had a surprise waiting for him at Gainesville in the summer

of 1955. One night, at the annual banquet which winds up the course, still wondering how he would come out on his examination for Class A water plant operator, Sellers learned that the Vero Beach plant had been awarded the Florida State Board of Health Award as the best operated lime-soda water softening plant among Florida cities of less than 10,000 population. Similar awards went to plants in other classifications, but only a few were so honored.

A few weeks later came the good news that he had successfully passed his examination and now was a certified Class A operator.

"I was pleased with the Award," he said, "but I really was glad to know that I had passed all three of my examinations the first time I stood them. Not every water operator does that. If you could see those examinations, you would know what I mean."

Charlie Fisk's accidental death left a mark on Sellers. He is a real "bug" on safety precautions. When it is running right, a water plant is as safe—probably safer—than the average living room. But there are things that can go wrong. A lot of electric power comes into a water plant to operate its motors. Where you have water and electric current so close together, trouble CAN happen if anything goes wrong. Chlorine gas, perfectly safe when placed in the water system in carefully-controlled amounts, can be a deadly peril to life if one of the storage

The Taste Will Tell

Did you know that drinking water can have at least seven distinct tastes "or flavors" which can be detected by the trained tongue of the hydraulics specialist? Taste is usually due to the presence or absence of certain gases, minerals or organic substances which vary in different sections of the state and nation. Here they are, as listed by the Florida State Board of Health's Bureau of Sanitary Engineering:

- 1—*Flat taste*—usually due to the lack of dissolved gases, namely: oxygen and/or carbon dioxide.
- 2—*Salty taste*—mainly due to the presence of high concentration of salt (sodium chloride) or combinations of other salts.
- 3—*Bitter taste*—usually due to the presence of high concentration of calcium chloride and/or magnesium sulfate.
- 4—*Slick taste*—mainly due to the presence of high concentrations of lime or other alkalies.
- 5—*Lime taste*—usually only found in lime softened water where excessive amounts of lime were used in over-treating a water and not subsequently neutralized. Many people falsely associate a lime taste with excess chlorine.
- 6—*Sour taste*—associated with acid waters in the area of coal mines, etc.
- 7—*Rotten egg odor*—due to the presence of minute amounts of dissolved hydrogen sulfide gas or other sulfides.

containers should develop a leak or a connection prove faulty. That's why the water plant has a gas mask hanging on the wall. Monthly gas mask drills are held against that day when chlorine gas may be released.

"It may seem a little silly to have regular gas mask drills," said Sellers, "but if we keep in practice we might be able to save a few seconds in getting to the trouble with a mask to protect us against danger. We

hope we will never need that mask, but it's there if we do."

Another thing that the late Charlie Fisk left as a heritage for Sellers was a belief in the "apprentice system."

"I am not discounting college or university training for water plant operators," Sellers emphasized, "but by the time a man finishes college training, he is usually worth more money than the average water plant

can afford to pay someone without practical experience in water plant operation. I like for my operators to have at least a high school education and be willing to work up the pay scale from apprentice to the top operator classification. They will have opportunities to attend the short course at the University of Florida, as duty assignments permit. They also must show an interest in and be willing to work for certification. Just as Mr. Fisk desired for me, I want each of my men some day to be better operators than I am, with a water plant of his own. Florida is growing. More modern water plants are being built every day. I see a good future in this field."

Operation

The Vero Beach water plant employs one superintendent and four operators. How do they stand where certification is concerned? The framed certificates hanging on the water plant office wall tell the story. First: there's Sellers' Class A certificate, a target for the rest to shoot at. Plant operators, David B. Kelly, Edward Clark and Robert E. Kilmartin, all have Class C certificates, and are working toward their Class B papers. The fifth man, Colin Sampson, is working toward his Class C rating.

Carrying through on his apprentice training program, Sellers has what he describes as a "bull session" of all plant operators about once a month. At those sessions each operator is encouraged to ask any ques-

tion about water plant operation or about anything connected with the work. Work assignments can be reviewed, "housekeeping" practices can be discussed—(Who left the mop dirty? Who forgot to clean the laboratory table? How about the dust on the switchboard?)

In addition to membership in the Florida Water and Sewage Works Operators Association (most plant operators are members of this organization), Sellers holds membership in the American Water Works Association. The Association's journals, presenting a wide variety of articles on water plant operations and procedures, are on file in the office. In addition, a number of standard textbooks are kept easily available in the office for reference or reading during any slack time—if any.

"There's not much slack time around the plant," Sellers added, "but the operators do show some interest in the available reading matter. They won't learn it all in that week at Gainesville—they have to do some 'book work' to prepare for the examinations."

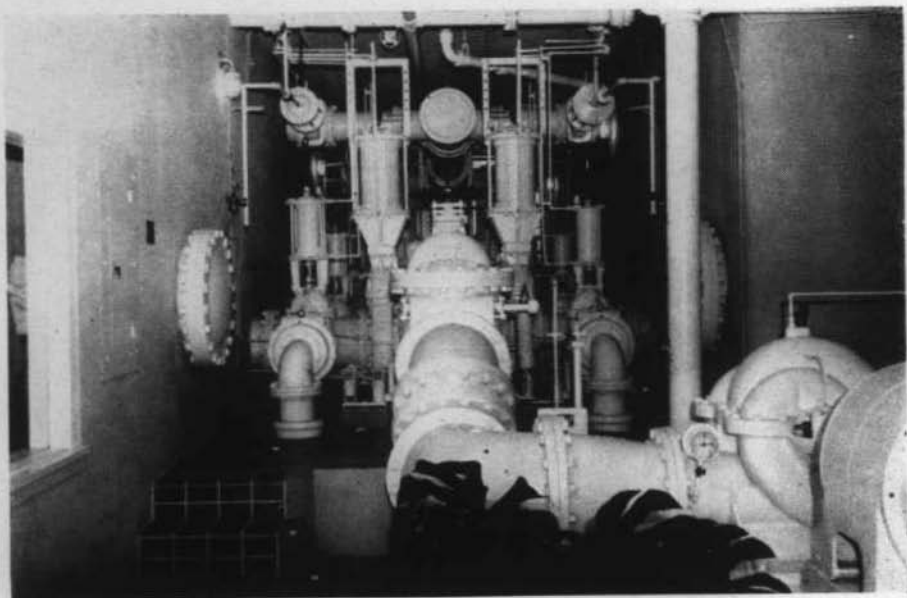
Sellers is pleased with the progress and willingness to learn that his water plant operators are showing. But no matter how good the crew, he realizes they could do little without the modern equipment that it takes to bring water out of the ground, process and send it on its way to the kitchen faucet, the bathroom shower, the manufacturing plant, stores and offices.



This is the highway view of the fine water plant at Vero Beach

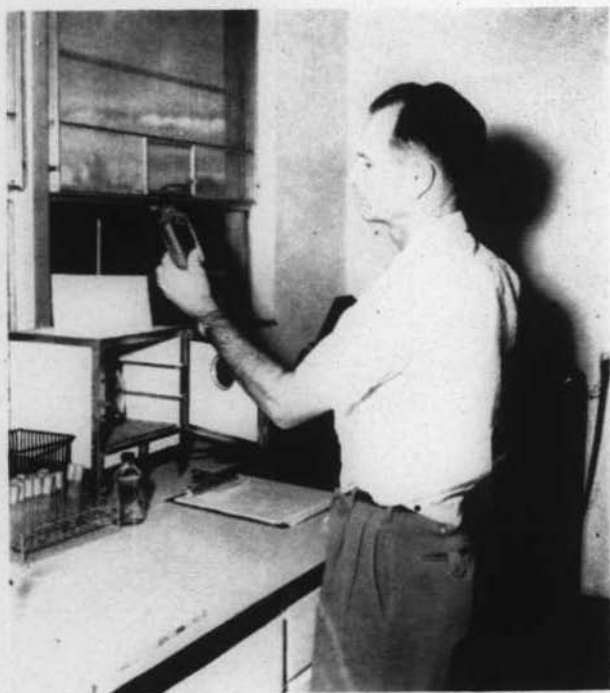


...here as we go inside are seen gleaming white motors and pumps



... and a maze of hydraulic gears and equipment

... and we see Superintendent John Sellers examining a sample of water





*...busily engaged in
laboratory work in-
cluding color determi-
nations*



*...doing chemical
tests to determine the
hardness*



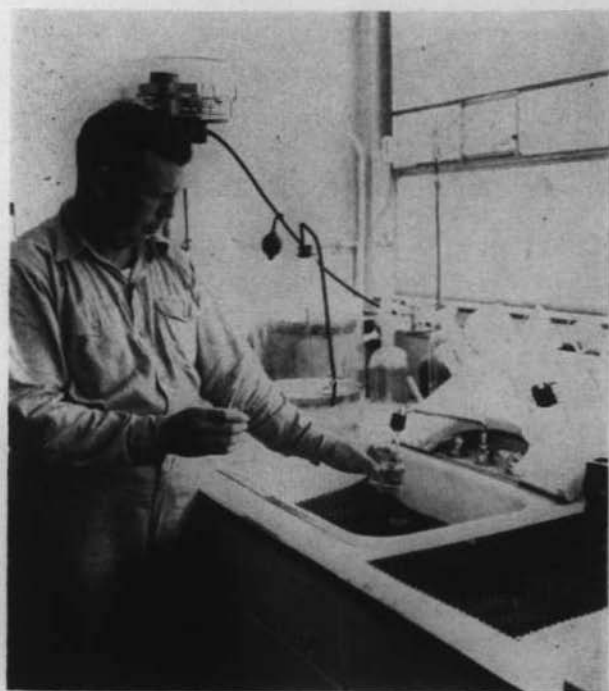
*...checking the water
"pH" or its degree of
acidity*



*...and we walk on
and see Operator Da-
vid B. Kelly emptying
a sack of lime into a
chemical feeding ma-
chine*



...then we notice Mr. Sellers adjusting the chemical feed mechanism



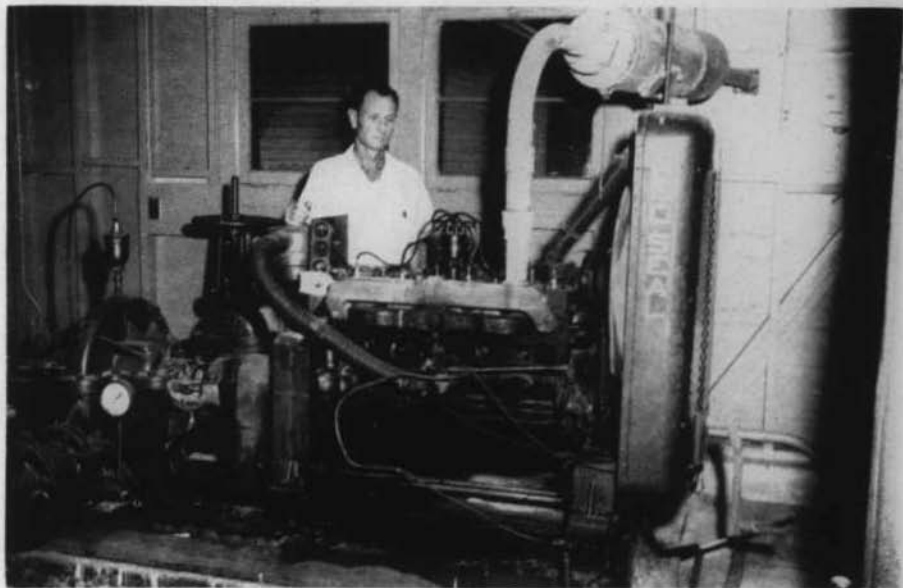
...and move on to where Operator Edward Clark is collecting a water sample for testing



...as we walk up onto the operations gallery where Mr. Sellers is at a filter control



...then we move down the gallery and see at first hand one of the "upflow" treatment tanks.



Here, Mr. Sellers shows us a "standby" or emergency engine for pumping, located at the Naval Air Station reservoir.



With the help of Operator Robert Kilmartin Mr. Sellers demonstrates a gas mask, a plant "safety-first" must



... which is always stressed at the regularly held operations staff meetings



... then we stop by Supt. Sellers' office where he is recording plant operations data, to say good-bye.

What sort of a water plant does Vero Beach have?

"One of the best small plants of its size in the state," says an engineer with the Florida State Board of Health's Bureau of Sanitary Engineering, who watched it while it was being built and who helped to get it started off on its job.

Built and equipped at a cost figured at about \$325,000.00, the plant is adequate for the needs of Vero Beach, with a reserve capacity to take care of immediate population growth. It also is laid out in such fashion that it can be easily expanded for future growth.

Water

Before we go into a discussion of the plant itself, let's talk a bit about water. The first consideration in selecting a water supply is to obtain one having an adequate volume. Some Florida cities have wells going down into rock strata 1,000 feet and more below ground level, where pressure exerted by underground streams forces it to the surface in what we call a free-flowing or "artesian" well. This type of well is undesirable for Vero Beach. The city is in an area where the deep-seated "artesian" water has a relatively high salt content, making it necessary to develop a shallow source of supply. Vero Beach is currently solving its problem by putting down five wells to a depth of about eighty feet. This is considered safe from the standpoint of potential ground pollution as the well field is relative-

ly unpopulated, and the water is not "brackish" and can be treated to make a good household water. Through the year, about a million gallons per day, on the average, will be drawn into the plant from the well fields.

Process

A collection pipe, or "common discharge main," picks up the water from the well pumps and brings it into the plant. It is received into the plant in what is called a "surge tank" or reservoir, where a constant level is maintained to provide gravity flow through the plant's treatment units. Within the surge tank compressed air is blown through the water in an aeration process to remove sulfide, which gives much of Florida's water an objectionable "sulfur" taste and also to remove carbon dioxide present in well water.

Dissolved sulfides, it might be explained, do more than provide a "bad taste" to the water. This gas, formed underground through chemical or bacterial processes, dissolves in the water and tends to give it an acid reaction, if it is not removed. It will stain silverware, copper pipes, bathroom fixtures and any paint having a lead base. Being a corrosive acid, it also tends to react with the metal of any carrying pipes to produce insoluble compounds. Most commonly seen is black, greasy-looking iron sulfide, making the water unsuitable—even disagreeable for many domestic uses.

Says an engineer from the State

Board of Health's Bureau of Sanitary Engineering:

"Water from the Vero Beach well field is what would be classified as very hard water, with most of the hardness being due to the presence of calcium and magnesium bicarbonates, commonly known as temporary hardness."

"It is the type of hardness that tends to come out of a water when heated in a boiler, kettle or a water heater. The other form of hardness found in water supplies is known as permanent hardness and can only be removed through the application of certain chemicals. There is very little permanent hardness in the Vero Beach water supply. In addition to the hardness, carbon dioxide and dissolved sulfides present in the well water, there is also an objectionable amount of dissolved iron which is tied up to a certain extent with excessive amounts of coloring materials, organic in nature, derived from decomposing vegetable matter in the soil."

Vero Beach water passes from the surge tank into what is known as an "upflow softening unit" with hydrated lime added as a softening agent. In addition to reducing the hardness of the water, the process also reduces its carbon dioxide, dissolved iron and color contents.

"In so doing," the engineer explains, "a sludge is formed, composed principally of calcium carbonate and milk of magnesia. This sludge has a tendency to settle very slowly. Therefore, a coagulant

(clumping) agent is added to form a jelly-like substance that settles rapidly and entraps sludge particles so that the entire mass is carried to the bottom of the unit, where it is removed periodically through automatic and manually-controlled sludge valves.

"Adjustment of sludge valves is so maintained that the amount of sludge removed daily equals the amount that is formed through chemical reactions. In this way, uniform treatment is obtained and a very satisfactory water, soft and almost entirely free of sulfides, iron and color results. If the color of the water flowing from the softening unit occasionally runs too high, then chlorine can be used to bleach or 'burn out' the objectionable tint. The chlorine, added under careful control, also has another important role to play. It kills off any harmful or related bacteria or other organisms that might be present in well water, or accidentally enter the water during the treatment process.

"Softened water coming out of the softening unit is generally highly loaded with suspended and dissolved sludge particles. In that condition it would have a tendency to deposit a heavy scale in distributing system mains, including meters, valves, consumer lines and water heaters. The water is, therefore, passed through a 'baffled basin,' where carbon dioxide gas (produced at the plant by burning fuel oil in a special unit designed for the purpose), is applied to the water

through a grid system in the bottom of the basin, in order to convert some of the sludge particles back into soluble calcium and magnesium bicarbonates which were present in the original well water. This reduces the scale-forming properties of the water and will allow it to run through pipes and fixtures without building up heavy deposits on the walls. An eggshell-like deposit is desirable, however.

"Water then leaves the recarbonation basin and passes down through sand filters, whose main purpose is to 'polish' the water, removing any remaining sludge particles and greatly reducing the number of bacteria that still might be present in the water. Generally, however, there will be very few bacteria of any type left in the water by the time it reaches the filters.

"Chlorine can be applied at the Vero Beach plant, either in the raw water, as it reaches the receiving tank, ahead of the filters or after the filters. It is sometimes applied in the receiving, or surge tank, to control the growth of small plant life, known as algae, which may grow very rapidly at times and might impart objectionable tastes, colors and odors to the water.

"After filtration, the water passes into an underground storage reservoir, commonly known as a 'clear well', from which it is picked up by pumps and delivered to the distribution system. With proper operation the finished water will have a hardness of around 60 parts per

million, in comparison to the original well-water hardness of 290 parts per million or more. Approximately 85 per cent or more of the coloring matter will have been removed. Iron is almost totally eliminated, along with the sulfides which produced the 'sulfur taste' in the well water. There will be no carbon dioxide left in the water, but oxygen will have been added since it dissolves in the water during aeration in the surge tank and through subsequent passage through the other units.

"Water treatment as practiced at the *new* Vero Beach water plant has always been of very high quality, resulting in the production of water that should be entirely satisfactory for all domestic purposes. Local citizens should be justifiably proud of this treatment plant, of its operators and of the foresight of city officials in having it constructed. It is suggested that members of local civic organizations and local citizens from other small cities visit this installation and see what a modern water treatment plant looks like."

Vero Beach *IS* proud of its new water plant, situated just north of the city on a main highway linking Florida's coastal cities. The plant bears the city's name and outside lighting makes it visible at night. The grounds are landscaped and visitors are always welcome.

Problems

Inside, you will find a maze of piping, electric motors and pumps—

the mechanical hearts which send the water surging through the arterial network of the city's distribution system. They are all painted with white enamel. That white paint "lets us know when we have everything really clean," says Sellers. All equipment is carefully maintained. "Housekeeping" standards are excellent, as they have to be to win an honor award. Record-keeping is a hobby with Sellers. All operations must be posted daily. Periodic reports are filed with the Vero Beach city manager and with the State Board of Health's Bureau of Sanitary Engineering at Jacksonville, which has the responsibility of enforcing the State Sanitary Code which covers water plant operations, among other things. The plant also has its own laboratory to check water quality, chemically and bacteriologically. Water samples also are sent to the State Board of Health laboratories for routine re-check as a precautionary measure.

Despite the modern plant and the care operators take with water production, occasional complaints will be filed. What is the principal complaint?

"Color variation," said Sellers. "It seems to me that people will complain about color more than anything else. Then come complaints about 'too much chlorine.' We try our best to please everybody, but there seems to be a few who just won't be pleased, no matter what we do."

Occasionally a complaint will take

an odd twist. Take the case of what might be described as "The Case of the Gasping Guppies." A customer complained that her pet fish were dying. She blamed "something" in the water. Sellers went to her home, took a water sample from the house water supply, took it back to the lab and had it run through completed tests. He could find nothing in the water which could explain any fatal effect on the small tropical fish. A few days later he took his problem to a local pet store.

"Used to have the same trouble, myself," said the pet store owner, "until I figured out a solution. I thought maybe the change in temperature might have something to do with it. I started drawing water and letting it stand for a full 12 hours to bring it gradually to exact

Things Are Easier Nowadays!

Pure water is as essential to good health as pure air. There is a popular belief that water filters are a good thing, but they are only safe so long as they are kept clean and are not permitted, by inattention, to be mere separators of organic impurities for the next supply of water to be run through. The small house water-filters for sale in the market are usually made of some porous stone or clay, which, by percolating, separates the larger and visible impurities of water, but in no otherwise purifies it. Therefore, in time of drought, in the case of cistern water, which is to be used for drinking purposes, should always be boiled.

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room temperature. It worked and I haven't had any trouble since."

Much relieved, Sellers passed on the suggestion to the complaining customer. It worked for her, too. Case closed.

Because the plant must be kept in continuous operation (night shut-downs are risky—they might interfere with the continuous treatment process), the operators work eight-hour shifts, six days per week. Sellers would like to have a five-day week, but the municipal budget won't stand it, he has been told. "I feel we will have it eventually," he opines.

As plant superintendent, Sellers works no regular shift, except in emergencies, but he generally puts in a six-day week, too. In addition, he is "on call" at any time.

He is pleased, and quite properly so, with the new plant and the way it operates.

The city has three reserve storage tanks that could serve the city's needs for a few hours. One of the overhead storage tanks is located in the downtown area and holds 250,000 gallons. A standby tank at the beach holds 100,000 gallons, with a check-valve that would prevent water flowing back into the city lines, thereby assuring the beach of its own emergency water supply. In addition, there is a 500,000 gallon ground storage reservoir at the old Naval Air Station near Vero Beach linked to the city system, which has its own gasoline auxiliary generating unit.

Also, something that pleases Sellers is the plant's "safety factor" against breakdown.

"We have two of everything," he says "except the chlorinator and we have enough parts to build another chlorinator. It's not an extravagance to have multiple units, since we have to take one out of service occasionally for routine checking and cleaning."

Evaluation

How does Vero Beach feel about John Sellers and the water plant?

"Smartest move I ever made was recommending that the city hire John Sellers," says Vero Beach City Manager, Charles C. Jewett. "Before we hired Sellers, little things kept going wrong. We just figured that a modern plant called for a well-trained operator. We started looking around and found Sellers at Clewiston, ready and waiting for advancement. We have had no trouble with the plant since he came with us."

How does Sellers feel about his job and about Vero Beach? He is already putting down roots, and has built a house in a good neighborhood for his wife and two children, John Sellers, Jr., and a stepdaughter, Patty.

"I'm here to stay as long as they want me," he concluded. "As long as we can keep a good crew on the job, I really have no big worries. I like Vero Beach, and I'm glad the city likes me. I like being a water plant operator."

Fluoridation Policy Reaffirmed

On the basis of scientific evidence available at that time, the Florida State Board of Health in 1949 adopted a policy on fluoridation of public water systems. This policy was clarified and expanded on February 13, 1951. Since fluoridation was a new program in public health activity and since further scientific data on the subject had accumulated in the intervening years, the Board of Health reviewed its policy at an open public hearing on August 20, 1955. Both opponents and proponents were requested to be present to present any new evidence, or to re-evaluate any old scientific evidence which might have a bearing on the desirability, effectiveness or safety of fluoridation.

Following the public hearing, Board members reviewed in great detail all of the evidence submitted by both sides in order to obtain the basic scientific truths for further guiding its actions. As a result of this hearing, the Board was convinced of the desirability of fluoridation and did not find that any new data were presented by the opponents to establish a need for a change in policy. The proponents provided information which strongly reassured the Board of the justification and need for its fluoridation policy and therefore reaffirmed its established policy on October 30, 1955.

The present stated policy of the Board is for the local community to make its own decision regarding fluoridation of its public water supply. If fluoridation is endorsed, the Board retains the responsibility of seeing that it is controlled properly at specified levels. A qualified supervisor at the water plant is in complete charge of all phases of fluoridation and is directly responsible to the Board of Health. Safeguards to equipment and safety precautions observed by operators protect the operators and also insure that the correct amount of fluoride enters the water.

At the present time five cities are adding fluorides to their water supplies and these communities are Gainesville, Clewiston, Naples, Miami and St. Petersburg. No difficulties have been encountered. Approved equipment has been installed at Cocoa and fluoridation is expected to start shortly.

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